

The Urban District of Esher



ANNUAL REPORT

of the

Medical Officer of Health

and

School Medical Officer

together with the Report of the

Chief Public Health Inspector

for the year

1967

THE URBAN DISTRICT OF ESHER

FOR THE YEAR 1967

A N N U A L R E P O R T

Of the Health and
Sanitary Conditions
for the year 1967

ESHER URBAN DISTRICT COUNCIL

HEALTH COMMITTEE

1967

Chairman: Councillor G. Thorley
 Vice-Chairman: Councillor P. G. Lockyer

Councillor	Mrs. S. Badcock
"	E. J. Barton
"	Miss W. E. Bisiker
"	W. M. D. Gibson
"	R. P. Gilbert
"	Mrs. J. Green
"	Mrs. M. E. Ives
"	J. A. Platt, F.C.A.
"	J. Segar
"	L. V. Taylor, E.D.
"	C. C. G. Woods

Ex-officio Member:

Councillor William Kerr, C.Eng., A.M.I.Prod.E., J.P.
 (Chairman of the Council)

HEALTH DEPARTMENT

Staff

Medical Officer of Health
 E. Pereira, M.B., B.S., D.P.H.

Assistant Medical Officers of Health
 Anna R. Park, M.B., B.Ch., B.A.O., D.P.H.
 E. V. Fraser, M.B., B.S.

Chief Public Health Inspector
F. L. Barker, F.R.S.H., M.A.P.H.I.

Deputy Chief Public Health Inspector
C. F. Packham, M.A.P.H.I.

Additional Public Health Inspectors
S. C. Baker, M.A.P.H.I., A.V.I.
C. L. Hunt, M.A.P.H.I.

District Nursing Officer
Miss J. M. Cole, S.R.N., S.C.M., H.V.

Medical Social Workers
Mrs. M. P. Coussell, A.I.M.S.W. (part-time)
(resigned 19.11.67.)
Mrs. M. J. Brander, A.I.M.S.W. (part-time)
Mrs. M. S. Reeve, A.I.M.S.W. (part-time)
(commenced 20.11.67.)

Social Workers for the Physically Handicapped
Mrs. A. E. Defries, A.I.M.S.W. (part-time)
Mrs. E. Summers, Soc.Sc.Dip. (part-time)

Home Teacher for the Blind
Miss J. Knight (part-time)

Welfare Officer for the Deaf
Miss E. M. Vousden (part-time)
(resigned 31.3.67.)
Miss V. A. Aston (part-time)
(commenced 1.4.67.)

Public Health Nurse
Mrs. L. Robinson, S.R.N.

Home Help Supervisor
Miss S. J. Boden (part-time)

Technical Assistant
R. J. Clarke

Pests Control Officer
D. Taylor

General Duties Assistants
J. R. Nichols
G. Etherington

Senior Administrative Assistant
E. Sztencel

Administrative Assistant
Mrs. M. A. L. Soan (resigned 6.7.67.)
Mrs. M. Mitchell (commenced 19.5.67.)

URBAN DISTRICT OF ESHER

Health Department,
Esher Lodge,
Old Church Path,
Esher.

To the Chairman and Members
of the Esher Urban District Council.

Madam Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health for the year 1967, which has been prepared in accordance with Ministry of Health Circular 1/68.

The Report is divided into three parts - Environmental Health, which includes the report of the Chief Public Health Inspector; Personal Health and Welfare, and School Health.

The vital statistics show that the health of the community has been exceptionally good during the year under review. Apart from the biennial epidemic of measles, the incidence of notifiable infectious disease was very low. In subsequent years it will be interesting to observe the effect of the scheme for immunising children against measles, which is to start in earnest next year.

I am pleased to report that during the year staff vacancies have been few in number and that any that have occurred have been quickly filled.

As regards the Personal Health Service, arrangements for the care of the elderly have expanded; cytology clinics for well women have been increased to meet the needs of the district, and an unusually extensive programme of Health Education has been provided.

The excellent office accommodation at Esher Lodge has done much to maintain a contented and co-operative staff and, with numerous different officers under the same roof, has proved a convenience to the public.

Finally, I wish to thank the Chairman and Members of the Health Committee for their most helpful support throughout the year.

I am, Ladies and Gentlemen,

Your obedient Servant,

ERIC PEREIRA,

Medical Officer of H

PART I

THE ENVIRONMENTAL HEALTH SERVICES

ENVIRONMENTAL HEALTH

POPULATION

The Registrar General's estimate of the population for mid 1967 was 62,980. This may be compared with his estimate of 62,650 for the previous year and the census 1961 figure of 60,610.

Births - During the year 825 live births were registered (416 males and 409 females) compared with 866 in 1966.

The corrected birth rate per thousand population was 14.3 compared with 15.0 in the previous year.

There were 25 premature births and of these 23 survived.

Deaths - The total number of deaths occurring amongst residents was 633 (300 males and 333 females) compared with 670 in 1966.

The corrected death rate was 9.6 per thousand population compared with a rate of 10.1 for the previous year.

The death rate, infant mortality and still-birth rates all compare favourably with those for England and Wales.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

Services Provided by the Regional Hospital Board - Kingston Hospital is the main general hospital for the district providing both in-patient and out-patient facilities. The catchment area includes Hinchley Wood, The Dittons, East and West Molesey, Claygate and Esher. Cobham and Oxshott come within the Epsom District Hospital Group and the residents are similarly served by the general hospital.

Cases of notifiable infectious disease are normally admitted to Tolworth Isolation Hospital.

In addition the needs of the residents and the general medical practitioners are conveniently met by three small hospitals - Molesey Hospital, Thames Ditton Hospital and Cobham Hospital. Residents also make use of facilities provided by the Teaching Hospitals in the London area.

Laboratory Services - The laboratories of the Kingston and Epsom Hospitals are available for examination of specimens sent in by general practitioners.

The Ministry of Health, Public Health Laboratory, Epsom, is available for the examination of any pathological specimens and the bacteriological examination of samples of milk, ice-cream, and water. The staff of the Laboratory are prepared to advise and assist the Medical Officer of Health in cases of outbreak of communicable disease.

Mortuary Service - A mortuary located within the grounds of Epsom Hospital covers the needs of the district and for this service an annual payment is made to the Authority concerned.

During the year 74 bodies were received in Epsom and Feltham Mortuaries from this district.

NATIONAL ASSISTANCE ACT, 1948. Section 47.
NATIONAL ASSISTANCE (Amendment) ACT, 1951,
Section (1)

Perhaps one of the most difficult problems is how to deal with elderly or chronically sick people who are neglecting themselves and their accommodation and who refuse all offers of help and resent interference. Every effort is made to persuade them to be reasonable but when this fails it is sometimes necessary to make use of the powers of compulsory removal provided under the above Acts. One such case occurred during the year.

This was the case of a woman aged 82 who lived alone. She neglected herself and her accommodation, and became most insanitary in spite of a great deal of effort by the District Nurse and the staff of the Health Department. The situation gradually deteriorated, and the old woman became ill with oedema and ulceration of both legs.

In the circumstances application was made to a Magistrate for a Compulsory Removal Order under the National Assistance (Amendment) Act 1951. This was granted and the patient was removed to hospital the same day.

PREVALENCE OF, AND CONTROL OVER,
INFECTIOUS AND OTHER DISEASES.

Measles.- The usual biennial epidemic, which started late in the Autumn of 1966, continued throughout the Spring until early Summer.

548 cases were notified and four children were so ill that they required admission to hospital.

A successful scheme for vaccination against this disease would prevent an illness which is occasionally dangerous, sometimes leads to chronic ill health and causes much work and worry to those concerned with the care and treatment.

Food poisoning.- Eight cases of food poisoning were notified and investigated. Of these in four cases the causal organism was *Salmonella typhimurium*, in one case *Salmonella panama*, and two cases *Salmonella enteritidis*.

The cases due to *Salmonella typhimurium* were isolated incidents and the sources of infection could not be established with any certainty.

The case of a child infected with *Salmonella panama* was of interest to the Central Public Health Laboratory as it is not yet known by which foods the organism is most often conveyed. Infection appeared to have originated in a restaurant in another district, but careful investigation proved negative.

Salmonella enteritidis.- On 9th August, 1967, information was received from a local doctor that two people had arrived by air from Vienna and had been taken acutely ill with symptoms of food poisoning. They had a meal in the plane at 10.30 a.m. which included salad with mayonnaise, and symptoms began at 6.30 p.m.

Specimens were sent to the laboratory for investigation and those responsible for the air-line concerned were informed that the meal on the plane was thought to have been the source of infection. It then emerged that a stewardess and two stewards from the same flight had been taken ill at about the same time.

Vienna airport was informed and investigations there led to closure of the supplying restaurant. It was later reported that there were over 200 similar cases in Vienna including more than 70 acutely ill in hospital. In all cases the causal organism was *Salmonella enteritidis*.

Scabies.- The incidence of this condition in the district is very low but three separate incidents occurred during the year.

- (i) Three adults and eight children, all very close contacts were found to be suffering. Arrangements were made for all, together with the bedding, to be transported to a Cleansing Station in a neighbouring borough.

Treatment was effective and there was no recurrence.

- (ii) A mother and two children living in temporary accommodation were found to be infected. Similar arrangements were made for treatment and the patients were cured.
- (iii) A single man was reported suffering from scabies by his doctor. Treatment was provided and he then left the district.

Anthrax.- In May information was received that a cow had died from anthrax and that the cowman concerned with the animal was himself ill. As a precaution the cowman was admitted to hospital as a possible case. He was discharged after eight days having suffered from what was probably an influenzal illness. His wife and ten children were kept under observation but all remained perfectly fit.

The Inspector under the Diseases of Animals Act took appropriate administrative action and supervised disinfection of the farm. No further cases occurred.

VACCINATION AND IMMUNISATION

The scheme for vaccination against measles in early childhood which started late in 1966 was continued throughout the year, and 150 children were given a course of two injections. The first injection consisted of a dose of killed vaccine, the second of attenuated measles virus vaccine.

In December notification was received from the Ministry of Health that killed vaccine was no longer being manufactured and that immunisation against measles was best effected by means of one dose of live attenuated vaccine alone. It was further stated that the vaccine should be given in the second year of life after the basic course of immunisation against diphtheria, tetanus, whooping cough and poliomyelitis.

Basic Immunisation.- At the same time the Ministry of Health recommended that a single schedule of immunisation in childhood should be adopted which changes, in several ways, the existing procedure. Arrangements are being made for the adoption next year of a uniform procedure throughout the County.

B.C.G. vaccination against tuberculosis is offered to school children in their twelfth year. It provides useful immunity to tuberculosis during their period of adolescence when they are most susceptible.

In the tables which follow will be found a summary of statistics relating to these and other matters, while the report of the Chief Public Health Inspector presents a summary of the extensive routine visiting and sampling which is carried out in the district. Such vigilance continues to be necessary and indeed the routine work of the Inspectors increases with each successive year.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres)	..	..	..	..	..	..	..	14,847
Registrar General's estimate of resident population (mid 1967)	..	..	..	..	..	..	..	62,980
Number of inhabited houses - end of 1967 - according to rate books	..	..	..	..	..	..	..	20,619
Rateable Value	..	..	..	..	..	..	..	£4,116,275
Product of a penny rate 1967/68	..	..	..	..	..	..	..	£16,260

Extracts from Vital Statistics:-

BIRTHS.-	Total	M.	F.
Live births	825	416	409
Legitimate		390	395
Illegitimate		26	14
Live birth rate per 1,000 of the estimated population - 13.1			
Corrected live birth rate - 14.3			
Illegitimate live births per cent of total live births - 4.9			

	Total	M.	F.
Still-births	6	2	4
Legitimate		2	4
Illegitimate		-	-
Still-births rate per 1,000 live and still-births - 7.2			

	Total	M.	F.
Total live and still-births	831	418	413

DEATHS.-	Total	M.	F.
Total deaths from all causes	633	300	333
Death rate per 1,000 of the estimated population - 10.0			
Corrected death rate - 9.6			

	Total	M.	F.
Infant deaths (under 1 year of age)	9	4	5
Legitimate		4	5
Illegitimate		-	-
Infant mortality rate per 1,000 live births - 10.9			
Infant mortality rate per 1,000 legitimate live births - 11.5			
Infant mortality rate per 1,000 illegitimate live births - 0.00			

	Total	M.	F.
Neo-natal (first four weeks) mortality	7	4	3
Rate per 1,000 live births - 8.5			

	Total	M.	F.
Early Neo-natal Mortality (under 1 week of age)	6	4	2
Rate per 1,000 live births - 7.3			

Maternal deaths (including abortion) - 0.00
 Maternal mortality rate per 1,000 live and still births - 0.00

	Total	M.	F.
Perinatal mortality (still-births and deaths under one week combined)	12	6	6
Rate per 1,000 total live and still-births - 14.5			

CAUSES OF DEATH

	M.	F.	Total
1. Tuberculosis, respiratory	1	1	2
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	-	1	1
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infections	-	-	-
7. Acute poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective and parasitic diseases	1	-	1
10. Malignant neoplasm, stomach	4	13	17
11. " " lung, bronchus	31	6	37
12. " " breast	-	12	12
13. " " uterus	-	2	2
14. Other malignant and lymphatic neoplasms	30	35	65
15. Leukaemia, aleukaemia	2	1	3
16. Diabetes	2	2	4
17. Vascular lesions of nervous system	38	53	91
18. Coronary disease, angina	71	49	120
19. Hypertension with heart disease	2	7	9
20. Other heart disease	20	63	83
21. Other circulatory disease	23	14	37

continued ..

CAUSES OF DEATH

	M.	F.	Total
22. Influenza	-	1	1
23. Pneumonia	15	20	35
24. Bronchitis	19	6	25
25. Other diseases of respiratory system	5	1	6
26. Ulcer of stomach and duodenum	3	2	5
27. Gastritis, enteritis and diarrhoea	-	1	1
28. Nephritis and nephrosis	4	1	5
29. Hyperplasia of prostate	1	-	1
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	2	2	4
32. Other defined and ill-defined diseases	19	27	46
33. Motor vehicle accidents	3	3	6
34. All other accidents	3	6	9
35. Suicide	1	3	4
36. Homicide and operations of war	-	1	1
Total	300	333	633

DEATHS - AGE GROUPS

	Under 4 weeks	4 weeks and under 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over	Total
MALES ..	4	-	1	1	4	-	10	24	72	80	104	300
FEMALES ..	3	2	2	-	3	2	5	19	38	58	201	333
TOTAL ..	7	2	3	1	7	2	15	43	110	138	305	633

STATEMENT SHOWING WHERE DEATHS OCCURRED

In this district ..	296
Hospitals outside district	308
Died in other districts ..	29
	<u>633</u>

CAUSES OF DEATH OF INFANTS

	Total number of deaths	Age at death
Aspiration, pneumonia ..	1	9 hours
Acute Haemorrhagic pneumonitis ..	1	3 months
Acute Suppurative Otitis Media ..	1	3 months
Cardiac failure Rhesus incompatibility ..	1	2 days
Congenital abnormalities ..	3	4 hours; 3 days; 1 week
Prematurity ..	2	2 days; 6 days

ILLEGITIMATE BIRTHS

	1960	1961	1962	1963	1964	1965	1966	1967
No. of illegitimate births ..	29	35	25	53	33	45	52	40
No. of illegitimate deaths under 1 year	2	2	0	0	0	1	2	0
Illegitimate death rate ..	68.9	57.1	00.0	00.0	00.0	22.1	38.3	00.0

COMPARATIVE STATISTICS - 1967

	Live Births Rate per 1,000 Population	Stillbirths Rate per 1,000 (Total Live and Still)	Deaths (All ages) Rate per 1,000 Population	Deaths (Under one year) Rate per 1,000 Related Live Births	Live Births Neonatal Mortality (Under 4 weeks)
England and Wales ..	17.2	14.8	11.2	18.3	12.5
Esher ..	14.3	7.2	9.6	10.9	8.5

NUMBER OF NOTIFICATIONS RECEIVED YEARLY DURING THE PAST FIVE YEARS

	1962	1963	1964	1965	1966	1967
Acute encephalitis	-	1	-	-	2	-
Acute poliomyelitis	1	-	-	-	-	-
Acute pneumonia	2	7	1	4	3	3
Diphtheria	-	-	-	-	-	-
Dysentery	13	34	19	79	39	4
Erysipelas	-	6	3	1	2	2
Food Poisoning	-	-	-	-	-	8
Malaria	-	-	-	-	-	-
Measles	138	800	365	864	218	548
Meningococcal infection	-	-	-	-	-	-
Ophthalmia neonatorum	-	-	-	-	-	-
Paratyphoid fever	1	-	1	1	2	-
Puerperal pyrexia	-	-	-	1	1	-
Scarlet fever	6	35	28	23	15	-
Tuberculosis (all forms)	25	15	17	10	15	13
Typhoid fever	-	1	-	1	-	-
Whooping cough	12	27	26	9	10	16

NOTIFICATIONS RECEIVED MONTHLY DURING 1967

Month	Acute pneumonia	Dysentery	Erysipelas	Food poisoning	Measles	Tuberculosis - respiratory	Tuberculosis - other	Whooping cough	Total
January	1	3	1	-	84	1	-	2	92
February	-	-	-	-	166	1	1	2	170
March	1	1	-	-	145	-	-	3	150
April	1	-	-	-	76	1	-	1	79
May	-	-	-	-	47	2	2	-	51
June	-	-	-	-	10	-	-	-	10
July	-	-	-	-	18	-	1	-	19
August	-	-	-	7	2	-	-	1	10
September	-	-	-	-	-	1	-	-	1
October	-	-	1	1	-	2	1	3	8
November	-	-	-	-	-	-	-	1	1
December	-	-	-	-	-	-	-	3	3
Total	3	4	2	8	548	8	5	16	594

DIPHTHERIA IMMUNISATION

Number of children immunised for the first time during the year 1967:-

(a) Pre-school children (under 5 years)	..	717
(b) Between 5 and 15 years		29

Number of children given reinforcing doses during 1967	..	1,967
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Total number of children immunised during last five years:-

(a) Under 5 years	..	6,385
(b) Between 5 and 15 years		5,913

VACCINATION AGAINST SMALLPOX

Analysis of vaccinations of children at Welfare Centres and Private Doctors' Surgeries:-

Primary Vaccination	..	699
Revaccination	..	183

882

TETANUS IMMUNISATION

AGE

At date of final
injection

0-4 years	5-14 years	Total
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Number of children who
have completed a
primary course of three
injections whether
single or combined
during the year ended
31st December, 1967

715	69	784
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Number of children who
received a reinforcing
dose

441	1,587	2,028
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WHOOPING COUGH IMMUNISATION

Number of children who have completed a
primary course of 3 injections during
the year ended 31st December, 1967 - 696

Number of children given a
reinforcing dose -

191

POLIOMYELITIS VACCINATION

Number of Persons who
completed a Primary
Course of Treatment
in 1967.

Age Group - Born in		
1967	..	167
1966	..	490
1965	..	35
1964	..	8
1960/63	..	105
Others	..	38
		843

In addition 1,046 reinforcing doses were given during the year.

State of Immunity.— Owing to the extreme difficulty of knowing accurately the child population at various ages no attempt is now made to calculate the percentage immunised.

However, a check carried out on a group of 234 school entrants showed that over 98 per cent had been satisfactorily protected against diphtheria, whooping cough and poliomyelitis.

Vaccination against Measles.- The County Council has a scheme for immunising young children against measles, but this only commenced in September.

During the year 150 children were given a course of two injections.

Vaccination against Tuberculosis.- This is reported more fully in the School Health Section.

489 children were given B.C.G. during the year.

TUBERCULOSIS

Notifications

Respiratory Tuberculosis.

Eight cases of respiratory tuberculosis were notified during the year, viz:- 5 males and 3 females. The corresponding figure for 1966 was 14.

Non-Respiratory Tuberculosis.

Five new cases of non-respiratory tuberculosis were notified during the year and there was no death from this cause. One case was notified in 1966.

ANALYSIS OF CASES AND DEATHS FOR 1967

Age Periods	New Cases				Deaths			
	Respiratory M.	Respiratory F.	Non- Respiratory M.	Non- Respiratory F.	Respiratory M.	Respiratory F.	Non- Respiratory M.	Non- Respiratory F.
0-4	-	-	1	1	-	-	-	-
5-14	-	-	1	-	-	-	-	-
15-24	-	2	-	-	-	-	-	-
25-44	2	-	-	2	-	-	-	-
45-64	2	-	-	-	-	-	-	-
65 & upwards	1	1	-	-	1	1	-	-
Totals	5	3	2	3	1	1	-	-

TUBERCULOSIS

New Cases

Respiratory

Other

Deaths

Other

Year	Estimated Population	No.	Rate per 1,000 population	No.	Rate per 1,000 population	No.	Rate per 1,000 population	No.	Rate per 1,000 population
1935	38,350	25	0.65	2	0.05	15	0.38	4	0.10
1940	45,270	31	0.68	4	0.08	25	0.55	1	0.02
1945	44,060	41	0.93	11	0.24	22	0.49	2	0.04
1950	51,500	28	0.54	2	0.04	10	0.19	1	0.02
1955	53,630	24	0.44	7	0.13	3	0.05	1	0.01
1960	57,850	11	0.19	2	0.03	5	0.08	0	0.00
1965	62,470	9	0.14	1	0.01	1	0.01	0	0.00
1966	62,650	14	0.22	1	0.01	0	0.00	0	0.00
1967	62,980	8	0.12	5	0.07	2	0.03	0	0.00

TUBERCULOSIS REGISTER

				Pulmonary		Non-pulmonary		Total	
				M.	F.	M.	F.	M.	F.
Number of cases on register 1st January, 1967				82	56	3	12	85	68
New cases notified				5	3	2	3	7	6
Cases moved into district				2	3	-	-	2	3
TOTAL				89	62	5	15	94	77
Deaths from tuberculosis				1	1	-	-	1	1
Deaths from other causes				1	1	-	1	1	2
Removed from district				2	3	-	-	2	3
Recovered				13	11	2	2	15	13
TOTAL REMOVED FROM REGISTER				17	16	2	3	19	19
Number of cases on register 31st December, 1967				72	46	3	12	75	58

MASS RADIOGRAPHY SERVICE

	Men	Women	Total
General Practitioners' Service			
Number of patients referred	249	287	536
Cases of Pulmonary			
Tuberculosis ..	-	-	-
Cases of Lung Cancer	1	-	1
Public Mass Radiography Service	762	961	1,723
Cases of Pulmonary			
Tuberculosis ..	-	-	-
Cases of Lung Cancer	3	-	3

Employees of Esher Urban District Council referred by Medical Officer of Health as part of medical examination prior to employment - 45.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH
INSPECTOR FOR THE YEAR 1967

To the Chairman and Members
of the Urban District Council of Esher

Ladies and Gentlemen,

I have pleasure in submitting my sixth annual report, for the year 1967.

The improvement of older properties by the provision of the five standard amenities has continued to occupy the attention of the department. During the year under review two exhibitions were held on Hygiene in the Home, and Safety in the Home. Aspects of both health and welfare were covered and opportunities were taken to publicise the availability of Improvement Grants. Notification was also sent to agents and owners of properties in the form of a circular letter urging them to take advantage of the grants which are offered.

Certain difficulties do arise in relation to this aspect of the Public Health Inspector's work. Owners of property who are elderly and who lack capital are reluctant to apply for grants because of their advanced years and the fact that they are unlikely to receive any financial benefit by way of return from the permitted twelve and half per cent increase allowed in the rent of the improved property. On the other hand many elderly tenants refuse to accept improved facilities as they do not want the worry involved in the general upheaval caused when the work is carried out.

Mention is made in the report of the connection of some fifty dwellings on the Crown Estate at Oxshott to the public sewer. In this project close liaison between the Public Health Inspectors and the Engineer & Surveyor's staff was maintained and the resultant improvement in the environmental health conditions of the residents will be marked.

Food complaints by members of the public were twenty-six per cent less than in 1966. This is an encouraging trend. In connection with food hygiene it may not be fully realised by members of the public that they can themselves do a great deal to further clean food handling by pointing out on the spot to managers and assistants any unhygienic practice.

In conclusion, I would like to thank the Chairman and members of the Health Committee and Dr. Pereira and Officers in the other departments for their valued help and support. The Public Health Inspectors and other technical and office staff have worked admirably during the year and I am sure the following report will illustrate the extent of their work.

I am, Ladies and Gentlemen,

Your obedient Servant,

F. L. BARKER,

Chief Public Health Inspector.

INSPECTION OF DISTRICT

ANALYSIS OF VISITS

Premises inspected	512
Premises reinspected or works in progress	1,282
Drains tested	65
Infectious disease	187
Disinfection	3
Food premises	403
Food inspection	174
Food and Drugs sampling	176
Milk Sampling	52
Ice cream	31
Water supply or sampling	45
Shops Act 1950	15
Factories (powered)	37
Factories (non-powered)	1
Stables and piggeries	14
Ponds, ditches, accumulations	78
Petroleum storage	161
Caravans	17
Rats and mice, etc. (visits by Pests Officer)	4,888
Disinfestation	123
Clean Air Act	39
Air Pollution research	522
Noise	123
Pet Animals and Animal Boarding Kennels	22
Old Persons Welfare	179
Pigeons	228
Offices	73
Retail Shops	504
Wholesale Shops and Warehouses	7
Catering Establishments	38

Miscellaneous	710
Consumer Protection	7
Riding Establishments	5
Hairdressing Establishments	3
Health Education	133
Food Poisoning	9
Sanitary Conveniences on Building Sites	3

HOUSING, DRAINAGE AND WATER SUPPLY

Included in this item of the report, in tabulated form, are details of action taken following inspection or complaint in respect of damp conditions, unsatisfactory drainage, and other defects in dwelling houses.

A Ministry of Housing & Local Government report drawn up by the Sub-Committee of the Central Housing Advisory Committee entitled "Our Older Homes, a call for action" was received during the year. (The Denington Report).

The Committee deal very thoroughly with the need for Local Authorities to complete their programmes of demolition and clearance of bad properties and the improvement and maintenance of the better old houses.

The Committee say they consider the nation's houses to be a vital national asset, whether they are publicly or privately owned.

Early in the report, however, they make it clear that it is not easy to decide on the point at which it becomes more worthwhile to replace a house than to improve it. Some difficulties

are often experienced on this point in relation to the Esher district because of the high value of houses in the area.

The Committee carefully considered fitness standards for dwellings and their suggested standard is outlined in the report.

From an interest point of view this is as follows:-

- (a) be in a satisfactory state of repair;
- (b) be free from progressive instability;
- (c) be substantially free from damp;
- (d) have adequate natural lighting to each habitable room;
- (e) be provided with adequate means of ventilation throughout;
- (f) have an adequate supply of wholesome water laid on in the dwelling;
- (g) have a satisfactory system for the drainage and disposal of foul and surface water;
- (h) have a suitably located and satisfactory sanitary convenience for the exclusive use of the occupants, with access under permanent cover;
- (i) have adequate and suitable ventilated provision for the storage of food, a suitable sink with cold water supply and impervious draining surface, and either a satisfactory built-in cooker or a gas or electricity connection for a cooker;
- (j) be free from internal bad arrangement;
- (k) have a satisfactory installation providing adequate artificial lighting, by gas or electricity if reasonably available;

and a dwelling should be regarded as unfit if it is so far defective in respect of any one of these matters or in respect of any combination of two or more such matters, that it is not reasonably suitable for occupation.

It is interesting to note whilst this standard goes very much further than the present one which is in use and which is detailed in Section 4 of the Housing Act 1957, there is no mention of a bath or bathroom or a supply of hot water. These matters, can of course, always be taken care of providing an owner is prepared to take advantage of an improvement grant.

The suggested standard is progressive compared with the present one and the report makes the point that housing conditions should be kept under continuous review. They point out that if houses are allowed to become unfit when this can be prevented or delayed, they will have to be replaced, usually by the Local Authority, at a substantial expense to the community. The Committee considered that there is a public interest in ensuring a reasonable level of maintenance for all houses and that repair and improvement should be looked at as part of the same effort to preserve the national asset represented by the stock of existing houses. They feel that this will have implications for legislation on repair and improvement, which hitherto have tended to be dealt with in separate compartments.

Concern for the individual is always uppermost in the mind of the Public Health Inspector and this is underlined by the report

where it speaks of the danger of slowing down programmes. Fifteen years they say is the length of a childhood and many children are brought up in unsatisfactory conditions.

Environmental conditions relevant to fitness for habitation are also discussed in the report. The Committee states that more emphasis needs to be placed on the effect of unsatisfactory environment on housing conditions.

Importance is attached to freedom from excessive noise, including traffic noise and smoke, dust, vibrations and offensive smells. Enough air space, garage facilities and children play spaces are mentioned and also local public facilities. Here the report emphasises the need for close co-operation between housing, planning and public health authorities.

During the year a report was made to this Council giving a general appraisal of the situation in relation to the improvement of older houses within the Esher Urban District.

In respect of voluntary improvement publicity undertaken during 1967 included a section in the Hygiene in the Home Exhibition - which was organised by the department - covering all aspects of home improvement, advertisements in the local press, and circulars to property owners and agents. The Exhibition was mounted in different parts of the district and went on for six weeks.

Door to door surveys were made in certain selected streets and where dwellings were found without the basic amenities letters were sent

to owners pointing out the availability and advantages of improvement grants.

It can be seen from these surveys, that the properties in need of improvement are not in concentrated groups and this makes the task more difficult. The results of some of these surveys are tabulated below:-

Street Reference	No. of Dwellings Inspected	No. of Dwellings up to standard	No. of Dwellings found	
			Owner Occupied	Tenanted
A	49	37	1	11
B	46	31	6	9
C	26	15	2	9
D	23	14	4	5
E	23	7	4	12
F	19	12	2	5
G	18	11	2	5

A tenant is empowered under the Housing Act 1964 to seek the compulsory improvement of the dwelling he occupies by application to the Local Authority for the prescribed action to be taken.

The procedure under the Act is cumbersome and lengthy. It involves three definite stages apart from any appeals or court proceedings which result from the service of notices.

The first stage is that notice is given to the person in control of the dwelling that a representation has been received from the tenant.

The second stage is known as a preliminary notice which is in the form of a notice of time and place, when discussion can take place with the officers about the necessary improvements. The notice must also state what works are required to improve the property and the estimated cost thereof. This must be served on all interested parties in addition to the person receiving the rent of the property.

The last stage is the service of an immediate improvement notice which, rather contrary to its title, allows twelve months for the works to be done.

Forty-five applications for compulsory improvement were received since the commencement of the Act up to the 31st December 1967 and the following action resulted.

(a) Dwellings where improvements completed	-	8
(b) Applications withdrawn by tenants	-	10
(c) Representations notified to persons in control of dwelling	-	12
(d) Preliminary notices served	-	12
(e) Immediate improvement notices served	-	3

Some works are in progress in respect of items (c) (d) and (e) and some applications had been withdrawn (b) because tenants are purchasing the properties and carrying on with the improvements themselves.

The number of completed improvements where grant has been paid by the Council over the

last five years was as follows: 1963 - 43, 1964 - 52, 1965 - 72, 1966 - 78, 1967 - 75.

One clearance area of five houses was declared and subsequently confirmed by the Minister. Other action taken in regard to unfit houses is summarised under the section headed "Unfit Houses."

Details of applications and certificates under the Rent Act 1957 are also tabulated.

The water supply of the area is governed by two statutory bodies, and is excellent in quality and quantity. The Water Companies are constantly sampling the water, both from chemical and bacteriological points of view, therefore routine sampling by this Department is not considered necessary, and sampling is carried out only when there is a special reason for so doing.

The water supplied is not plumbo-solvent.

All the dwelling houses in the district have a piped supply direct to the houses from public water mains.

The natural fluoride content of the two supplies in the Urban District is as follows:-

Metropolitan Water Board	0.20	parts	per	million
East Surrey Water Company	0.15	"	"	"

STATISTICS

No. of houses built by the Council during 1967	..	43
No. of houses built by private enterprise during 1967	..	191
No. of Council houses under construction	..	43
No. of private houses under construction	..	347
No. of dwellings provided by conversion	..	5

COMPLAINTS

The number of complaints received in respect of housing and drainage matters was	..	103
--	----	-----

NOTICES SERVED

Informal Notices (written and verbal) in respect of housing and drainage matters	..	67
Housing Act, 1957, Section 16, Notices of Time and Place for consideration of condition of house	..	12
Housing Act, 1957, Section 17, Orders for closing of houses	..	9
Housing Act, 1957, Section 170 and Public Health Act, 1936, Section 277 Notices requiring information as to ownership of premises	..	66
Housing Act, 1964, Section 19 (2), Notification of Representations made in respect of dwellings for improvement	..	12

Housing Act, 1964, Section 19, Preliminary Notice of Local Authorities' proposals for improvement of dwellings ..	15
Housing Act, 1964, Section 19, Immediate Improvement Notices in respect of Dwellings not in Improvement Areas. ..	3
Public Health Act, 1936, Section 39, Notices to drain buildings ..	5
Public Health Act, 1936, Section 45, Notice requiring repair of defective closets ..	1
Public Health Act, 1936, Section 50, Notice as to overflowing or leaking cesspool ..	1
Public Health Act, 1936, Section 93, Abatement Notices in respect of nuisances ..	7
Public Health Act, 1961, Section 26, Notice of intention to remedy defective state of premises .	2

After the service of Notices the following
works were carried out.

HOUSE REPAIRS

Ceilings renewed or repaired	10
Chimney stacks repaired or renewed	6
Doors and frames renewed or repaired	5
Eavesgutters and rainwater pipes renewed or repaired ..	17
Fireplaces and ranges provided or repaired ..	4
Floors and skirtings renewed or repaired ..	4
Floors, sub floor ventilation provided	1
Roofs - stripped and re-roofed or repaired ..	13
Rooms cleansed and redecorated	1

Sinks - new provided and fixed	1
Walls, external - repaired or reconstructed ..	7
Walls - dampness remedied ..	21
Walls - internal plaster renewed or repaired ..	8
Windows - sashes renewed or repaired	3
Windows - frames and cills renewed or repaired ..	4
Windows - sash cords or glazing putty renewed ..	1

DRAINAGE WORKS

Cesspools repaired or provided	2
Drains cleared ..	2
Inspection chambers provided or repaired ..	3
Cesspools filled in and house connected to sewer ..	1
Private sewers cleared or repaired	1
Fresh air inlet renewed or repaired	1

WATER CLOSETS

Flushing cisterns renewed or repaired	6
Pans renewed ..	2

The position with regard to action under the Housing Acts at 31st December, 1967 was as follows:-

Houses demolished during 1967	9
Houses previously unfit brought up to habitable standard ..	3
Houses where demolition orders operative	11
Houses closed ..	9
Houses where Closing Orders operative	7

Houses in confirmed Clearance Areas	42
Premises where undertakings given not to use as dwellings ..	6
Houses where action has commenced	9

RENT ACT 1957 (First Schedule)

Part 1 - Applications for Certificates of Disrepair.

(1) Number of applications for certificates ..	5
(2) Number of decisions not to issue certificates ..	1
(3) Number of decisions to issue certificates ..	4
(a) in respect of some but not all defects	2
(b) in respect of all defects	2
(4) Number of undertakings given by landlords under paragraph 5 of the First Schedule ..	4
(5) Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	-
(6) Number of certificates issued	-

CARAVANS

There are two permanent site licences in force for the stationing of single caravans, but only one site is in use.

One licence was renewed on a yearly basis in respect of another caravan.

SEWERAGE AND SEWAGE DISPOSAL

I am indebted to the Engineer and Surveyor for the following information, the inclusion of which is required by Circular 1/68 from the Ministry of Health.

Since the last report some fifty properties on the Crown Estate at Oxshott have been connected to main drainage, the Council's sewer in Fair Oak Lane being extended for that purpose.

No progress was made with regard to two soil sewerage schemes to serve existing houses in the Esher area. The matter will be pressed in 1968.

Progress has been made on the scheme for pumping Cobham sewage to Esher, and on the extension of the Esher Sewage Works, and it is expected that both these schemes will commence during the Summer of 1968.

FOOD AND DRUGS ADMINISTRATION

FOOD SAMPLING

During the year 176 samples of food and drugs were taken and submitted for analysis; the number of samples taken is equivalent to an average of three per thousand of the estimated population. Of the samples taken 13 were reported upon adversely and this represented 7.4 per cent of the total number. Adverse reports deal almost exclusively with the labelling or advertising of the product, for example a food manufacturer will include amongst the list of ingredients printed on the label of the foodstuff, a generic term. In the case of vinegar this could be malt, spirit, wine or acetic acid.

In view of the increase in medicinal preparations the Public Analyst suggested an increase in the number of samples of drugs and medicines. This has been done as will be seen in the list of samples.

It is interesting to note that many of the smaller shop-keepers, in order to compete with the supermarkets, have greatly increased their selection of foodstuffs from abroad.

Sampling officers found the following from all parts of the world:-

Crawfish	-	France
Orange Squash	-	Copenhagen
Lychees	-	China
Instant Milk	-	Australia
Hot Dog Sausages	-	Denmark
Marzipan Fruits	-	Australia
Rye Bread	-	Germany
Meat Ball Stews	-	Canada
Cherry Jam	-	Hungary
Dried Shrimp	-	Hong Kong
Scalloped Potatoes-	-	U.S.A.
Baking Powder	-	Germany

Where there has been an adverse report it has often necessitated lengthy correspondence with the importers, and subsequently the manufacturers, but it is pleasing to report that all these adverse reports have been settled informally.

Last year details were given of a survey to be undertaken at the request of the Association of Public Analysts for examination into the possible contamination of foodstuffs by pesticide residues. As the first year of the survey was not completed until August 1967 it was not possible to give any details of this work.

The investigation involves the examination for residues of organo-chlorine pesticides using gas and liquid chromatography. Samples are also examined by a biological test and where a positive response is obtained which is not explained by an organo-chlorine pesticide, further examination is made for organo-phosphorus compounds. Samples are also examined for the presence of lead, arsenic and mercury residues. One hundred and forty-four samples were taken in Zone 2 in the period August 1966 to March 1967. (Zone 2 includes Authorities in Berkshire, Buckinghamshire, Hampshire, Kent, Oxfordshire, Surrey and Sussex), of these samples 48 have been found to be contaminated by pesticides although it should be explained that this may not render the foodstuff unfit since there is a standard laid down for permitted and maximum amounts of pesticides.

SAMPLES TAKEN

Almonds, ground	Chocolate liqueur, royal mint
Angelica	Chocolate meringue pie
Apples, liquid	Chocolate plain, raw sugar
Apricot Chutney	Chocolate spread
Aspic jelly powder	Cochineal
	Cocktail, fruit
Baking powder	Cola flavoured with rum
Barley Wine	Cough mixture, Fortifye
Batter mix	Cough mixture, Kompo
Beef curry with rice	Cough treatment, Anapax
Beef, minced and gravy	Corn flake crumbs
Beef, stew seasoning	Cream, double
Beef suet, shredded	Cream, sterilised
Beef & vegetable casserole	Currants
Benzoic acid compound ointment B.P.C.	Custard powder
Biscuits, petit fours	Curry powder
Blackcurrants, prepared	Crystallised whole violets
Blackcurrant vitamin C Health drink	
Blackcurrant, health drink	Dessert mixture, Angel delight
Boric ointment	
Bouquet Garni	Eclairs with real cream
Bread crumbs	Eggs, (Pesticide survey)
Bread, small wholemeal, (Pesticide survey)	
Bronchial balsalm	Fat, pure
Butter	Fruit, diabetic in sorbitol syrup
	Fruit for salad in syrup
Cake decoration	Fruit salad in syrup
Cake mixture, Devon sponge	Fruits, sweetened, dried and assorted
Cake mixture, orange tops	
Candy, Scottish butter	Gelatine
Carmine, food colour	Ginger, Just
Calamine lotion	
Cheese flaps	Jam, black cherry
Cheese Gateau	Jam, mixed fruit
Cheese, low fat, soft	Jam, strawberry
Cherry brandy liqueur	Jelli Jiffi
Chicken boned in chicken jelly	Junivite
Chicken breasts in jelly	
Chicken fillets in jelly	Halibut oil capsules
Chicken minced in jelly	Hamburger seasoning
Chicken supreme	Herring fillets
Chocolate aerated	Honeycomb mould mix
Chocolate flavoured drink	
Chocolate, Irish coffee bar,	Kaolin Poultice
whisky flavoured	

Lemon culinary flavour
Lychees in syrup

Macaroni cheese
Malt extract with cod liver oil
Marmalade, orange dream
Marzipan fruits
Mayonnaise
Meat ball stew
Meringues, mint
Metatone
Milk
Milk, Channel Islands
Milk, instant non-fat
Milk, ultra heat treated
Minced beef and onion with gravy
Mincemeat
Moutarde, florida
Mushroom cubes

Nuts, Cashew, salted
Nougat, buttered

Omelet mixture
Orange squash, concentrated

Pancake mixture
Paste, fish, sardine and tomato
Paste, ham
Paste, muligatawny
Peanuts, salted
Peel, candied
Petit four 'aux noisettes'
Peaches in brandy
Pork croquettes
Pork brawn
Pork, chunky
Pork, cocktail pie
Pork sausage meat
Potatoes, instant mashed
Potatoes, scalloped
Potted beef with butter
Pudding, pease
Pudding, suet

Raisins
Ryebread

Salami/Cervelat mixed
Sausages, frankfurter
Sausages, hot dogs
Sausage, liver
Sauce, madere
Scotchoc, plain
Sea food dressing
Sherry, Cyprus
Shrimps, dried flavoured
Soup, crawfish
Soup, cream of chicken
Soup, French Country
Spice, barbecue
Starch reduced rolls
Steak & Kidney pie
Steak, savoury minced
Steak and mushroom pie
Steakburgers with sliced onions
Sunny bisk
Sunny spread
Sweetona

Tablets - Becosyn
" - Codis
" - Lobak
" - Panadol
" - Paynocil
" - Veganin

Tartex, vegetarian pate
Tea
Tea, Home Farm
Tea, blue tips
Tea, Darjeeling orange Pekoe
Tea, selected tips
Topping, Tip top fruit
Trifle, quick

Vegetable paste
Vinegar, cider

Yoghurt, low fat

Details of the samples reported upon adversely by the Public Analyst:-

Sample No. and Description	Irregularity	Action taken or result
No.6 (Informal) Nos. 7, 32 & 33 (Formal) Minced beef & onion with gravy	Low meat content	On legal opinion no action taken in view of standard included in the regulation proposed shortly to be made by the Minister of Agriculture, Fisheries and Food.
No.14 (Informal) Pancake Mix	An ingredient described as 'leavening' was not an appropriate designation.	American manufacturer agreed to amend the package to conform with the regulation.
No.54 (Informal) Promise - Chocolate Meringue Pie	Misleading illustration.	Manufacturer will make adjustment in the illustration when next printing in light of proposed new labelling legislation.
No.74 (Informal) Boned Chicken	Deficient in meat content	Old stock, new product brought up to standard.
No.75 (Informal) Beef and Vegetable Casserole	Labelling fault	Production has ceased and factory has been closed down.
No.93 (Informal) Scalloped potatoes	Labelling fault. No mention made that it was necessary to add milk.	Importers agreed to alter the label.
No.114 (Informal) Pork sausage meat	The preservative sulphur dioxide not declared.	A notice is now displayed in the shop.
No.126 (Informal) Steakburgers with sliced onions.	Labelling faulty generic term used to describe seasoning.	A new specimen label is satisfactory.
No.147 (Informal) Angelica	)	Manufacturers have agreed to have new labels.
No.148 (Informal) Crystallised	) Labelling fault	
whole violets	)	

FOOD INSPECTION

The following is a list of diseased or otherwise unsound meat and other foods which were inspected and surrendered from food premises in the district and destroyed as being unfit for human consumption:-

	<u>lbs.</u>
Beans, runner	24
Beef	120
Biscuits	$1\frac{1}{2}$
Chicken	$114\frac{1}{2}$
Cod	92
Cream Sponge	24
Fish Fingers	2
Ham, cooked	$37\frac{1}{2}$
Ham, tinned	$35\frac{1}{4}$
Hearts, Lambs	6
Jellies, table	$37\frac{1}{2}$
Kidneys, pigs	$28\frac{1}{2}$
Lamb	100
Lambs' plucks	18
Liver, pigs	$16\frac{1}{4}$
Meringue powder	$\frac{1}{4}$
Paste, tomato	2
Pigs hearts	725
Pork	$65\frac{3}{4}$
Pork & beef cuts	13
Pork, tinned	$52\frac{1}{2}$
Potato croquettes	13
Rabbits	36
Rhubarb, tinned	6
Tongues, pigs	6
Tripe	$1\frac{1}{2}$
Veal, jellied	6
Vegetables, mixed	24
Egg Noodles	48 pkts.

Frozen foods	2,028 pkts.
Orange juice	31 tins
Peas	139 tins

COMPLAINTS AND LEGAL PROCEEDINGS

Members of the public complained about thirty-five articles of food or drink and these were examined by Inspectors.

A number of the complaints were reported to the Health Committee and some warning letters were sent. In respect of the following articles, legal proceedings resulted.

Brown loaf of bread.- The loaf was found to contain string embedded in its substance. The Manufacturer was fined £25 and costs of £3. 3s. were awarded to the Council.

Yoghurt.- Mould was found in the carton. The Manufacturer was fined £10 and the Council received £10. 10s. costs.

POULTRY INSPECTION

- | | | |
|---|----|--------|
| (1) Number of poultry premises within the district | .. | 1 |
| (2) Number of visits to these premises | | 30 |
| (3) Total number of birds processed during the year | .. | 28,000 |
| (4) Types of birds processed - e.g., turkeys, ducks, hens, broilers, capons, etc. | .. | capons |

- | | |
|---|-----|
| (5) Percentage of live birds rejected
as unfit for human consumption | 5% |
| (6) Weight of poultry meat condemned
as unfit for human consumption | Nil |
| (7) Comments on poultry processing
and inspection:- | |

Slaughter takes place between 3 and 4 a.m., so that the poultry can reach market at 7 a.m. Birds are not eviscerated. Killing takes place usually on two days in the week, but this depends upon demand.

Two or three 19 days old chicks are sent occasionally by the farmer for post-mortem examination to the Ministry of Agriculture, Fisheries & Food Veterinary Laboratory at New Haw, Weybridge. This examination gives an indication of the health of the stock.

MILK AND DAIRIES REGULATIONS

Dealers' Licences

The following numbers of Dealers' Pre-packed Milk Licences were in force at the end of 1967:-

Licences to use the designation	
"Pasteurised"	28
Licences to use the designation	
"Sterilised"	18
Licences to use the designation	
"Untreated"	16
Licences to use the designation	
"Ultra Heat Treated"	8

Number of Milk Distributors registered in the area ..	7
Number of premises registered as Dairies (not being Dairy Farms)	4

Milk Sampling

The number of milk samples taken and submitted for the phosphatase and methylene blue tests, to check the efficiency of pasteurisation, was 17. They were all satisfactory.

Two samples of sterilised milk were sent for the turbidity test and were satisfactory.

Brucella Abortus

The organism brucella abortus is responsible for contagious abortion in animals and undulant fever in man.

Tests for the presence of this organism were made in respect of 10 samples of untreated milk and 22 samples of cream made from untreated milk. The cream was mainly produced within this district but the supplies of untreated milk came from outside the urban district.

All the tests proved negative.

Dirty Milk Bottles

In the year under review it is very encouraging to report that only four complaints were received; having regard to difficulties experienced in previous years this shows a marked improvement. No legal proceedings were instituted. Three dairies were concerned in connection with the four complaints.

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

The following table shows the number of food premises in the district which are subject to these regulations:-

Bakers	..	23
Butchers	..	32
Clubs	..	57
Confectioners	..	51
Fishmongers	..	18
Food factories	..	2
Greengrocers	..	35
Grocers & General Stores	..	94
Hotels and Public Houses	..	60
Restaurants, Cafes, etc.	..	34
Schools	..	34
Works Canteens	..	35

Total

475

ICE CREAM

During the year 22 samples were submitted for bacteriological examination (Methylene Blue Test). The results were as follows:-

No. of samples	Provisional grade	Rate % of the total number of samples taken
13	1	59.09
7	2	31.82
2	3	9.09
-	4	0.00

Prepacked ice-cream does not as a rule give rise to trouble from the bacterial point of view. Attention is therefore mainly directed to food premises which have their ice-cream in bulk containers.

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

There are no egg pasteurisation plants in this district.

Two samples of frozen liquid egg were taken for the Alpha-Amylase test to check the efficiency of pasteurisation and these were found to be satisfactory.

LICENSING OF SLAUGHTERMEN

Whilst no slaughterman are employed in this area, there was one on the Register who received a licence for the year.

NOISE ABATEMENT

During the year Circular 22/67 was received from the Ministry of Housing and Local Government giving the conclusions reached by the Ministry after considering the final report of the Committee on the Problem of Noise (the Wilson Report).

The Minister has decided to leave the responsibility with Local Authorities for taking action against persons causing industrial noise which is a nuisance to the general public.

Amongst various observations made in relation to noise problems were the establishment of new industry, development near airports, sound insulation, noise in towns and traffic problems, ice-cream chimes and explosive type bird scarers. The importance of noise as an environmental health factor is now clearly recognised and call for the greatest possible co-operation between local authority departments, particularly with health and planning.

Two public health inspectors had already attended technical courses on noise abatement problems, and as a result of the representations included by the Minister in the circular, two other public health inspectors and two members of the town planning staff attended similar courses.

Further efforts will be made in the coming year to bring to the notice of the public general anti-noise publicity.

CLEAN AIR ACT 1956

MEASUREMENT OF AIR POLLUTION

Observations have been continued at Molesey and Thames Ditton volumetric stations and the average results are shown in the tables overleaf, for the year 1967.

It is unwise to generalise about the results obtained because weather conditions can play a large part in influencing the readings. The lack of foggy conditions in this area in recent years has been particularly marked. Whilst I am encouraged to say that readings for smoke and sulphur dioxide show a decline on average over the last two or three years it may be too early to say that this reduction in pollution will be continued.

Perhaps the major influences on the reduction of pollution are (i) the installation of many efficient central heating systems where one fire using one chimney replaces the use of several individual fires and (ii) where young married couples in a dwelling are both out at work during the day quick heating gas or electric fires are installed which are only switched on when the occupants return home from business.

The new Building Regulations include provisions which require the lining of the flues of all new chimneys which are constructed. This is a significant advance well worthy of note. The sight of leaning, cracked and badly stained chimneys is all too common. The adverse effect of corrosive gasses and condensate in chimney flues which spoil the walls in living rooms and bedrooms on internal chimney breasts is also well known. The lining of flues will undoubtedly go a very long way towards preventing these ills in properties constructed since the regulations have come into force as well as making for more efficient and economical operation of fuel burning appliances.

The Building Regulations also go into detail on the important question of chimney heights in relation to dwelling houses.

CLEAN AIR ACT 1956NATIONAL SURVEY OF ATMOSPHERIC POLLUTIONMOLESEYMICROGRAMMES PER CUBIC METRE

		SMOKE			SULPHUR DIOXIDE		
		Monthly Average	Highest Value	Lowest Value	Monthly Average	Highest Value	Lowest Value
January	..	31	72	12	131	327	27
February	..	28	69	13	117	304	30
March	..	13	30	4	56	124	29
April	..	17	37	8	111	287	44
May	..	12	27	3	67	280	30
June	..	9	18	6	42	83	12
July	..	6	18	3	52	223	10
August	..	12	38	5	44	305	8
September	.	16	40	3	37	98	13
October	..	12	19	5	33	68	12
November	..	34	74	11	175	560	34
December	..	29	75	6	140	283	50

THAMES DITTON

January	..	22	56	8	118	307	32
February	..	25	61	5	102	280	38
March	..	10	21	3	55	122	26
April	..	14	36	7	102	226	57
May	..	10	29	2	64	297	26
June	..	18	34	3	42	83	14
July	..	10	19	4	51	104	11
August	..	10	35	3	44	284	13
September	.	10	24	2	44	105	7
October	..	9	21	3	37	66	17
November	..	32	68	7	187	527	40
December	..	36	69	12	163	352	58

THE OFFICES, SHOPS AND RAILWAY
PREMISES ACT, 1963

The year 1967 has not produced any major changes from the previous years with regard to the working of the Act.

The number of new premises is roughly cancelled by the closure of others, though there would appear to be a fairly rapid change in usage and proprietors to some undertakings in comparison to say five years ago. The indications are that the small shop-keeper is finding it more and more difficult to survive.

It has been found in the supermarkets the cashier staff find some difficulty in keeping warm in the winter months. The cash registers are always sited near the shop entrance.

Although the staff are equipped generally with individual heaters, the mass of cold air entering a busy shop by the doors is very difficult to combat. It would, in my opinion, be advisable to include in future designs of such premises, a well heated enclosed lobby at the entrance which would prevent the entry of cold air and help to maintain a reasonable temperature.

The majority of accidents have been caused by falls. The soles of modern footwear often become very slippery when wet and may well be a contributory factor in these accidents.

The first table following is the annual report made to the Ministry of Labour.

The second table is an analysis of accidents which have been reported over the twelve months.

The third table shows the analysis of contraventions found during the inspection of premises and in respect of which notices have been sent.

THE OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Annual report made to the Ministry of Labour for the period 1st January to 31st December, 1967:-

TABLE I

A. REGISTRATION AND GENERAL INSPECTIONS

Class of Premises	Number of premises registered during the year	Total number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	3	138	5
Retail shops ..	20	345	31
Wholesale shops, warehouses ..	-	5	-
Catering establishments open to the public, canteens	1	43	2
Fuel storage depots	-	-	-
Totals	24	531	38

B. NUMBER OF VISITS OF ALL KINDS BY INSPECTORS
TO REGISTERED PREMISES, 628C. ANALYSIS OF PERSONS EMPLOYED IN REGISTERED
PREMISES BY WORKPLACE

Class of workplace	Number of persons employed
Offices	2,132
Retail shops	1,442
Wholesale departments, warehouses ..	26
Catering establishments open to the public	364
Canteens	30
Fuel Storage depots	-
Total	3,994
Total Males	1,667
Total Females . . .	2,327

TABLE II

ANALYSIS OF REPORTED ACCIDENTS

		Offices	Retail Shops	Wholesale Ware- houses	Catering Establishments open to public, canteens	Fuel Storage Depots
Machinery ..	-	2	-	-	-	-
Transport ..	-	-	-	-	-	-
Falls of persons	6	4	-	1	-	-
Stepping on or striking against object or person	-	-	-	-	-	-
Handling goods	-	-	-	-	-	-
Struck by falling object ..	-	-	-	-	-	-
Fires and Explosions	-	-	-	-	-	-
Electricity ..	-	-	-	-	-	-
Use of hand tools	-	1	-	-	-	-
Not otherwise specified ..	1	1	-	-	-	-

TABLE III

ANALYSIS OF CONTRAVENTIONS

Section	Number of Contraventions	Section	Number of Contraventions
4 Cleanliness ..	4	16 Floors, passage and stairs	1
5 Overcrowding ..	-	17 Fencing exposed parts machinery	1
6 Temperature ..	6	18 Protection of young persons from dangerous machinery . ..	-
7 Ventilation ..	3	19 Training of young persons working at dangerous machinery	-
8 Lighting ..	4	23 Prohibition of heavy work	-
9 Sanitary Conveniences	6	24 First Aid	4
10 Washing facilities	-	Other Matters ..	9
11 Supply of Drinking Water ..	1		
12 Clothing Accommodation	-		
13 Sitting facilities	-		
14 Seats (Sedentary Workers) ..	-		
15 Eating Facilities	-		
		Total ..	45

FACTORIES ACTS, 1937 to 1959

1. Inspections for purposes of provisions as to health: Part I.

Premises	Number on Register		Number of			
			Inspections	Written Notices	Occupiers Prosecuted	
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	32	1	-	-		
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	237	37	-	-		
(iii) Other Premises in which Section 7 is enforced by the Local Authority (ex- cluding outworkers' premises)	-	-	-	-		
Total	269	38	-	-		

2. Cases in which Defects were found:

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	by H.M. Inspector	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2) ..	-	-	-	-	-
Unreasonable Temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences (S.7):-					
(a) Insufficient ..	1	1	-	1	-
(b) Unsuitable or defective ..	3	3	-	3	-
(c) Not separate for sexes ..	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
Total	4	4	-	4	-

There is a nil return under Part VIII of the Factory Act (Sections 110 and 111), which deals with outwork.

PETROLEUM (CONSOLIDATION) ACT, 1928

During 1967, 78 premises within the Urban District were licensed to store (at any one time) 260,915 gallons of Petroleum Spirit and Petroleum Mixtures. One licence was issued for the storage of 1 ton of Carbide of Calcium.

During the year a serious case occurred when petroleum spirit was negligently discharged into a paraffin oil storage tank. This was not discovered until several gallons had been sold. Close co-operation with the police and the British Broadcasting Corporation enabled warnings to be swiftly and widely disseminated and all but one and a half gallons were traced. No known accidents resulted from this incident and it is possible that the undiscovered quantity was pure paraffin which had been retained in the pump pipe lines.

On inspection of the premises concerned it was found that the tank numbering had not been properly maintained. Legal proceedings were instituted under The Petroleum-Spirit (Conveyance by Road) Regulations 1957, and a fine of £10 was imposed together with £10. 10s. costs.

PREVENTION OF I.M.G., BY L.A.C. ACT, 1949

Tabulated below are details of information required annually by the Ministry of Agriculture, Fisheries and Food. During the year under review the total number of complaints received by the Department was 781.

Report for 12 months ended
31st December, 1967

Properties other than sewers	Type of Property	
	Non- Agricultural	Agricultural
1. Number of properties in district ..	23,739	32
2. (a) Total number of properties (including nearby premises) inspected following notification	779	3
(b) Number infested by		
(i) Rats	744	3
(ii) Mice	35	-
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	389	3
(b) Number infested by		
(i) Rats	123	-
(ii) Mice	20	-
Number of sewers infested by rats during the year	6	

GENERAL PUBLIC HEALTH MATTERS

COMPLAINTS

The number received re miscellaneous health matters during the year was 229

NOTICES SERVED

Informal Notices .. 24

GENERAL NUISANCES ABATED

Accumulations removed	..	1
Premises disinfested	..	18
Miscellaneous other nuisances abated		1
Dustbins provided	..	1
Outbuildings repaired or demolished		1

DISINFECTION

Following cases of infectious disease, disinfection was carried out in respect of rooms or bedding at 3 premises.

SPRAYING OF PONDS AND DITCHES

The routine spraying of stagnant water with oil for the control of mosquitoes was carried out as usual.

SWIMMING POOLS

Inspections were made during the swimming season and water samples were taken at public pools and at those used by schools.

RIDING ESTABLISHMENTS ACT, 1964

This Act came into operation on 1st April, 1965. It provides a system of licensing and inspection by the local authority of establishments at which a business of letting out horses on hire for riding, or for use in providing instruction in riding, is carried on.

Three premises were licensed during the year.

The licences were granted following reports on the animals and the premises by Mr. M. Rand, M.R.C.V.S., the Veterinary Surgeon appointed by the Council for this specific duty.

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

This Act regulates the keeping of boarding establishments for animals, and the main provisions relate to their accommodation in regard to construction, size of quarters, number of occupants, exercising facilities, temperature, lighting, ventilation, cleanliness, etc.

Two licences were granted during the year under review.

PET ANIMALS ACT, 1951

Four applications were received and licences were granted for the year 1967.

COMMON LODGING HOUSES

There is none registered within the Urban District.

RAINFALL

Table showing rainfall in the district during 1967 taken at Esher Sewage Purification Works:-

		Total Rainfall Inches
January	..	1.63
February	..	2.00
March	..	1.74
April	..	1.97
May	..	5.13
June	..	1.69
July	..	1.76
August	..	2.23
September	..	2.21
October	..	3.83
November	..	1.73
December	..	2.36

Total	28.28 ins.
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Compared with the figures for the previous year this is an increase of .5 of an inch.

The average yearly rainfall for the past five years was 23.82 inches.

PART II

THE PERSONAL HEALTH AND WELFARE
SERVICES

PERSONAL HEALTH AND WELFARE SERVICES

From the 1st April 1965 the duties under Part II of the National Health Service Act, 1946, together with other functions, were delegated to the Esher Urban District Council under the Local Government Act, 1958.

The delegated health and welfare functions are:-

(a) National Health Service Act, 1946:-

Section 22 - Care of Mothers and Young Children.

- " 23 - Midwifery.
- " 24 - Health Visiting.
- " 25 - Home Nursing.
- " 26 - Vaccination and Immunisation.
- " 28 - Prevention of Illness, Care and After Care.
- " 29 - Domestic Help.

(b) Mental Health Act, 1959:-

Care and after care of persons suffering from mental disorder (other than in residential accommodation).

(c) National Assistance Act, 1948:-

- Section 29 - Welfare arrangements for the blind, deaf, dumb and the physically handicapped person
- " 30 - Voluntary organisations for the welfare of disabled persons.

(d) Disabled Persons (Employment) Act, 1958:-

Section 3 - Provision of sheltered employment by local authorities.

(e) Nurseries and Child Minders Regulation Act, 1948:-

Registration and supervision.

SECTION 22

CARE OF MOTHERS AND YOUNG CHILDREN

Esher has a District Nursing Officer who is responsible for supervising the Health Visitors, District Nurses and Midwives.

Ante-natal and post-natal supervision is provided by general hospitals at Kingston, Guildford and Epsom, by general practitioners, by midwives, and at the three main local authority clinics.

Co-operation between the hospitals and the local clinics is satisfactory and the midwives work closely with the responsible general practitioners.

In addition, regular relaxation classes and mothercraft sessions are held at the three main clinics, and are available to all expectant mothers. They are staffed by nurses who have been trained by the National Childbirth Trust, and are aimed at instructing the mother so that she will have the best chance of an easy confinement, and learn about care of the expected infant.

Notification of Births:-

		M.	F.	Total
Domiciliary	..	65	61	126
Hospital or Nursing Home	..	351	348	699
Totals		416	409	825

The following figures relate to work done at the local authority ante-natal and post-natal clinics.

No. of women attended - 64 excluding
Midwives' Clinics.

No. of attendances - 373 excluding
Midwives' Clinics.

No. referred to hospital for
social reasons - 38

No. of requests for home conditions
reports from hospitals - 159

In addition to the above, the midwives hold their own weekly ante-natal session at the Molesey Clinic.

Early discharges from hospital are becoming increasingly frequent - the patient being admitted for the confinement and being discharged sometimes as early as 48 hours after the birth. Of the 699 hospital confinements 217 were discharged home earlier than the 10th day.

Care of the Unmarried Mother and her Child.-- The arrangements for the care of the unmarried mother are undertaken by Social Workers of a number of voluntary organisations.

In view of the multiplicity of agencies, all cases coming to the notice of this Department, in the first instance, are referred to the Medical Social Worker, who investigates the case and then passes it to the correct voluntary organisation.

In the same way, all cases referred to this authority for financial support are examined by the Medical Social Worker, who ensures that the County Council hostel at Dorincourt, Woking, is being used whenever possible, or that otherwise the recommended Mother and Baby Home is suitable in all respects. This authority is financially responsible for the cost of residence, which may be for two months before and two months after confinement.

During the year 15 cases were referred to this Department for financial support by the Society concerned.

Child Welfare.-- Infant Welfare and Toddler Sessions are held at the clinics at Molesey, Long Ditton, Cobham and Esher. In addition, sessions are held in privately owned accommodation in Claygate, Oxshott and Hinchley Wood. Altogether ten such sessions take place each week, when mothers can consult a doctor or Health Visitor on the health and development of their infants and children under school age. Arrangements are made so that infants and children can be immunised against various diseases when attending the regular sessions.

Dental Care.— Dental inspection and treatment is offered by the Council's School Dental Officer who devotes part of her time to this work. The service is provided at the dental clinics at Molesey and Cobham, and will be available at Giggs Hill Green when the new centre has been built.

During the year 23 mothers and 154 children under 5 were inspected and given any treatment required.

Audiological Service.— Defective hearing in infants must be diagnosed early if retardation is to be prevented. All Health Visitors have been trained in the use of special methods of testing hearing. Every effort is made to have all babies "screened" in this way as soon as possible after reaching the age of 7 months. Where the child is thought to have defective hearing, or there is any doubt, the child is referred to the County Audiologist, who has the assistance of an Audiometrician, and is able to provide hearing aids and any training and guidance for the parent. The Audiologist holds sessions at the clinics at Molesey, Cobham and Esher, as required.

50 children under 5 years of age were seen at these sessions during the year.

Care of Premature Infants.— All infants weighing less than $5\frac{1}{2}$ lb. at birth are classified as premature. When born at home they are transferred to hospital unless the doctor and midwife are satisfied that conditions in the home are entirely satisfactory.

When infants are born prematurely in hospital, the Health Visitor is informed before discharge in order that close supervision can be maintained.

During the year 26 infants were born prematurely (1 at home and 25 in hospital), and of these 25 survived for over 28 days.

OBSERVATION REGISTER OF CHILDREN "AT RISK"

The Observation Register is kept by every Local Authority in Great Britain of infants born in various "at risk" categories. Such infants are closely observed, and regularly assessed for the first five years of life by the Maternity and Child Welfare Services to ensure that they are following the expected developmental pattern.

If, in addition, during these pre-school years, medical or social incidents occur in any child's life, meriting special observation, such children are then placed on the Observation Register, irrespective of age.

The analysis of such infants born in 1967 to parents resident in the Esher Urban District is as follows:-

"At Risk" Factors

<u>No. of Cases Registered</u>	
<u>1966</u>	<u>1967</u>
1. Rubella or other virus infection in first 16 weeks of pregnancy	2
2. Blood incompatibilities, e.g. rhesus sensitization	8

Pre-Natal

1. Rubella or other virus infection in first 16 weeks of pregnancy
2. Blood incompatibilities, e.g. rhesus sensitization

--

2

8

8

	<u>No. of Cases</u> <u>Registered</u>	
	<u>1966</u>	<u>1967</u>
3. Hyperemesis	11	23
4. Ante-partum haemorrhage	31	35
5. Severe illness necessitating chemotherapy or major surgery in early months of pregnancy	11	18
6. X-ray other than chest X-ray	14	17
7. Thyrotoxicosis	1	1
8. Diabetes	-	2
9. Toxaemia of pregnancy	89	101
10. Other complications of pregnancy, e.g. pyelitis	12	18
11. Any psychiatric illness in pregnancy	1	9

Peri-Natal

12. Prolonged or difficult labour	50	62
12a. Forceps	76	77
12b. Breach	12	29
12c. Caesar	17	36
12d. Multiple pregnancy	8	8
13. Post-maturity	43	43
14. B.W. under 4 lbs. gestation under 36 weeks	22	24
15. Foetal distress	36	21
16. Birth Asphyxia	22	39
17. Prolonged poor sucking	3	6

Post-Natal

18. Jaundice	30	36
19. Convulsions	1	7
20. Respiratory distress; cyanotic attacks	7	11
21. Any congenital abnormalities	23	44

Genetic

No. of Cases	
Registered	
1966	1967

22. Family history of deafness, blindness, etc.	27	48
23. No applicable factor	67	75

Analysis of Category 21

Atresia - abdominal muscles	1
" - pulmonary	1
Bell's palsy	1
Clicking hip	5
Congenital heart - unclassified	1
Down's syndrome	1
Galactocaemia	1
Haemangioma - extensive	3
Hydrocoele	1
Hypospadias	1
Imperforate Hymen	1
Meningocoele	1
Peiloncoidal sinus	3
Polydactyly	2
Pylorospasm - severe	1
Renal lesion - unclassified	3
Spina bifida	2
Sternomastoid tumour	1
Syndactyly	2
Talipes	9
Tongue tie - severe	1
Torticollis	1
Wide sutures	3

Analysis of Category 23

Adopted	14
Born before arrival of midwife	5
Hearing defect suspected	1
Illegitimate	8

1967

Mother unusually elderly	2
" " young	4
Precipitate labour	5
Social problem	37
Virus meningitis under 1 year	1

Number of children born in 1967 on
Observation Register:-

Males	-	210
Females	-	<u>219</u>
Total		<u>429</u>

Previously the number of babies born "at risk" has been given statistically at about 20% of the infant population, but of the 827 children born in the district during 1967, 429 were added to the Observation Register, a percentage of 51.87. Many of these develop normally and can be taken off the register when it is sure they are within the normal range.

SECTION 23

MIDWIFERY

Under the scheme of delegation the County Council remains the "local supervising authority", but this Council is responsible for ensuring that the maternity services are adequate for the needs of the area.

In addition to undertaking confinements, the midwives act as maternity nurses to doctors who conduct their confinements, and in respect of cases discharged from hospital before the tenth

The following is a summary of the work of the domiciliary midwives during the year:-

Confinements attended:-

By Midwife only	63
By Midwife and Doctor	63
Inhalation analgesics administered	92
Ante-natal visits made	1,592
No. of early discharges	217
Percentage of babies born at home	14.03 per c

SECTION 24

HEALTH VISITING

The district has the services of 10 general Health Visitors, of whom 8 are full-time and 2 are part-time. One member of the full-time staff devotes half her time to Health Education.

In addition to the above, a Health Visitor devotes half her time to the after care of Chest Clinic patients, and otherwise cares for the elderly as Geriatric Health Visitor in the Cobham area.

HEALTH VISITOR ATTACHMENT:

In January 1967 arrangements were made for two Health Visitors to be attached to a group of five general practitioners who worked from a Central Surgery in Molesey. They were provided with an office at the Central Surgery, together with a separate telephone. The practice was concentrated mainly in Molesey; there was an adequate case load for the two whole-time Health Visitors, and visiting in outlying areas was minimal.

The Forum Clinic is located quite close to the Central Surgery and, since the majority of mothers and children who attend are patients of the group practice, it was convenient for the attached Health Visitors to continue to be present at the Infant Welfare and other sessions provided. Similarly the Health Visitors were able to retain responsibility for the schools in the area where most of the children are patients of the group practice.

An unattached Health Visitor was made responsible for all remaining families in the area and has a reasonably adequate case load.

The scheme appears to have been beneficial to all concerned. The doctors have appreciated closer co-operation with the local authority services, and have had much greater opportunities for discussing their cases with the Health Visitor concerned. The Health Visitors have enjoyed easier access to the general practitioners and have had a more complete picture of their families in sickness and in health. The patients themselves have benefited from this increased co-operation, which has often meant that available services have been brought into operation with less delay than formerly.

Two District Nurses work in the area under the direct instructions of the general practitioners. They are not officially "attached" but, in fact, most of their cases are patients of the group of doctors, so that again co-operation is very close.

The "attachment" of local authority staff to general practitioners working in groups is gaining popularity throughout the country. The ideal is for general practitioners and local authority staffs to work from purpose built "Health Centres". The proposed new Clinic at Giggs Hill Green will not be provided with a general practitioner suite of consulting rooms since the doctors in the area practise single-handed. However, the proposed Clinic has been so planned that such accommodation could be built on if, at any time in the future, the local doctors should become interested.

SECTION 25

HOME NURSING

Esher employs 13 whole-time district nurses, of whom 7 undertake the combined duties of district nurse/midwife. Each has her own district, but for convenience of administration they work in "groups", relieving each other for off duty times. In addition, there are 3 part-time nurses doing regular work and able to increase their hours as required, to cover holidays and sickness.

They work under the general practitioners, who contact them direct when they require their services for a patient.

About 70 per cent of the time of the district nurses is spent assisting the elderly and the chronic sick.

The following is a summary of their work:-

Number of patients	1,370
attended	(663 aged 65 and over)
Total number of visits paid	37,690

Two part-time nursing auxiliaries were employed to assist the district nurses with their routine work. They are women who are not State Registered, but who have obtained a knowledge of nursing either through hospital or through one of the voluntary organisations. They work under the supervision of the district nurse and are most usefully employed in carrying out such routine duties as weekly bathing.

SECTION 26

VACCINATION AND IMMUNISATION

This subject has been dealt with in Part I of the Report.

SECTION 28

PREVENTION OF ILLNESS, CARE AND AFTER CARE

TUBERCULOSIS AND DISEASES OF THE CHEST:

The Chest Clinic for residents of the whole of the Urban District is located at Kingston Hospital. Originally such clinics were set up specifically for the diagnosis and treatment of tuberculosis, but with the steady decline in the incidence of this disease, the clinics have assumed responsibility for the diagnosis, treatment and care of patients suffering from other diseases of the chest.

The Consultant in charge has control of in-patient beds and can arrange admission to hospital as required. In addition to other medical staff he has the services of a Chest Clinic Almoner, who attends to the social problems of the patients, arranging for free milk and other supplements, which aim at reducing mental anxiety, improving nutrition, and so speeding recovery. He also has the services of a Health Visitor, who supervises the patients in their homes, ensures that family contacts are properly investigated, and that the patients attend the clinic regularly for supervision.

During 1967 the following numbers of residents of the Esher Urban District attended the Kingston Chest Clinic:-

New Cases	Old Cases	Total
404	1,455	1,859

Skin tests were carried out on 119 patients and of these 46 were vaccinated with B.C.G. to give protection against tuberculosis.

The Chest Clinic has a Voluntary Care Committee for raising funds, which are supplemented by the local authorities in the Clinic catchment area. The money is used to help patients to obtain extra food, clothing, bedding, and other necessities.

The Standing Conference of Care Committees hires beach chalets to provide holidays for a number of families of those who attend the Chest Clinic, and the Surrey Education Committee makes Sheephatch School available for child contacts for two weeks each summer.

The County Occupational Therapy Unit employs trained staff, who will visit the patient's home and provide all the necessary instruction and materials for suitable therapy.

CARE OF THE ELDERLY

During the year two Health Visitors were each devoting half their time to the care of the elderly. This arrangement has proved outstandingly successful as it has been found that by seeking out the elderly who are in need of help or supervision, case loads have risen to over 300 for each Health Visitor, and a great deal of helpful preventative work has been done.

Experience shows that the demand continues to grow and there is a case for increasing the staff establishment for this particular work. The general Health Visitors are so occupied with the care and education of mothers and children, that they do not have sufficient time to deal fully with the needs of the elderly in their districts.

Screening Clinics for the Elderly

Weekly sessions for the care of the elderly are held at the Clinics in Esher, Cobham and Molesey. The organisation of these sessions is in the hands of the Geriatric Health Visitors, and attendances have steadily increased. Once a month an Assistant Medical Officer attends to provide medical cover and to refer to the general practitioner any elderly person found to be in need of treatment. Advice is given on diet, and useful food supplements are available at reduced prices. Facilities exist for simple physiotherapy, chiropody, provision

of hearing aids and chest x-rays. Reports on the findings are sent to the general practitioner periodically, and treatment such as physiotherapy is only provided with his concurrence.

The following figures give some indication of work done at the three "Screening Clinics" during 1967:-

	<u>Esher Geriatric Clinic</u>	<u>Cobham Geriatric Clinic</u>	<u>Molesey Geriatric Clinic</u>
New Patients	113	164	93
Total attendances	635	1,051	514
No. referred for hearing aid ..	21	22	13
No. referred for spectacles ..	-	27	-
No. referred for physiotherapy .	23	16	23
No. referred for chiropody ..	84	106	122

The Chronic Sick

The chronic sick are cared for by Dr. Finn, Consultant Geriatrician, based at Kingston Hospital. She has the assistance of Medical Officers, a Health Visitor, and an Almoner, and controls beds into which the patients can be admitted. The Health Visitor supervises the needs of patients awaiting admission to hospital, and also those who are returned home after in-patient treatment. Her function is not the same as that of the Geriatric Health Visitors mentioned earlier, whose aim is to prevent deterioration and reduce the need for hospital admission.

Residents of Cobham and Oxshott are within the Catchment Area of the Epsom Group Hospital Management Committee and are admitted to the geriatric beds of Epsom District Hospital and other hospitals of the Group. Patients recommended for admission are visited by the Physician and the Geriatric Almoner, so that an assessment can be made of the relative urgency of each patient's need.

Aids for the Elderly

Under this scheme elderly people can be supplied with various "aids", such as handrails, bath seats, walking aids, etc. If the total cost of the aids is under £10 they may be supplied free on loan until no longer required. Alternatively, if the patient so desires, they may be purchased outright at reasonable prices. The demand for such aids was considerable, and for this reason sometimes lengthy periods elapsed before they were supplied. By the end of the year 84 patients had been supplied with 173 aids.

This is thought to be a most valuable service, in that it helps to increase the independence of the elderly infirm, and helps to prevent accidents, which so often result in hospital admission.

RECUPERATIVE HOLIDAYS

Under the Council's recuperative holidays scheme, patients who have been ill, either at home or in hospital, can be provided with a recuperative holiday on the recommendation of their general practitioner or the hospital medical officer. During the year holidays were provided for 25 persons.

CHIROPODY

Under the Council's scheme chiropody is provided for the elderly, the physically handicapped and expectant mothers.

Under the direct scheme there is a panel of qualified and approved chiropodists to whose surgeries the above can go for chiropody treatment. In addition, the Council has the services of a Chiropodist who undertakes weekly sessions as part of the Geriatric Clinics at Cobham, Esher and Molesey, and attends from time to time on a sessional basis at three of the Council's House Mother Schemes. The Chiropodist also undertakes domiciliary visits to patients who are unable through infirmity, to visit the surgery or the Clinic.

Under the indirect scheme, chiropody sessions are provided by voluntary organisations, there being five sessions a quarter organised by the British Red Cross Society at the Cobham Village Hall, and a monthly session at Oxshott organised by the O'Brien Club.

A charge of 3s. is made for each chiropody treatment through either scheme, and the treatment can be given free to those who are unable to afford the charge.

Details of treatment during 1967 under both the direct and indirect Council schemes are set out below:-

	No. of Patients Treated	Treatments given	
		Club or Surgery	Domicil- iary
Expectant Mothers	-	-	-
Handicapped Persons ..	26	81	106
Registered Blind or Partially Sighted ..	8	6	25
Elderly Persons	722	2,547	822

During the year the demand for this service continued to increase and it became obvious that the establishment of 8 weekly chiropody sessions was inadequate. Accordingly, provision was made in the 1968/69 estimates for an increase to a whole-time Chiropodist.

PREVENTION OF BREAK-UP OF FAMILIES

The number of families notified as being at risk during the last year has continued to mount, with marital difficulties again well to the forefront as one of the chief threats to the family.

It is noteworthy that parents, having received help with one set of problems, feel encouraged to bring other difficulties into the open and this accounts, in part, for the fact that some families tend to remain on the Register over a long period.

The following is a brief summary of the work undertaken by the Medical Social Workers during the year under review:-

Number of Case Conferences held	..	9
Number of families "at risk" at 31.12.67.	..	102
Number of children of problem families at 31.12.67.	..	361
also - (a) number of children in care -		
(1) for reasons of family failure	..	3
(2) other reasons	..	6
(b) number of children in Part III accommodation		
(1) for reasons of family failure	..	Nil
(2) other reasons	..	9
Number of families receiving attention by Medical Social Workers at 31.12.67.		27
Number of families in receipt of special attention and support by Health Visitors	..	10
Number of families rehoused -		
(a) by Housing Authorities		8
(b) privately	..	Nil
Number of Recuperative Holidays provided (under the Scheme for the Prevention of the Break-up of families).	..	1

HEALTH EDUCATION

Throughout the year the district had the services of Mrs. Riley, Health Visitor, who was able to devote about three-quarters of her time to planning and stimulating a programme of health education. She had a particular liking and talent for this work and, through her enthusiasm, very considerable progress was made in this important function of a Health Department. Mrs. Riley was provided with an office and workshop where she gradually assembled a considerable stock of visual aids and equipment which was always available to all members of the staff for use in connection with any talks or demonstrations. She also played a prominent part in arranging two exhibitions and a Smokers' Advisory Clinic. She created from simple materials attractive displays which were used in the various clinics.

In addition to all this, Mrs. Riley herself gave numerous talks in schools and to local groups, and through her influence and enthusiasm the importance of health education was kept constantly in the minds of all members of staff.

The following is a summary of health education work carried out during the year:-

(i) In Schools:

Environmental Health	-	80 lectures
		4 group visits
Social Services	-	53 lectures
First Aid and Home		
Nursing	-	22 lectures

(ii) To Organisations:

Cobham and Molesey		
B.R.C.S. Groups	-	22 sessions.
Young Wives Groups	-	4 sessions.
Molesey Therapeutic		
Club	-	4 sessions.
Other Groups - Drug		
Addiction	-	4 sessions.
Molesey Amenity Society		1 session.

(iii) Clinics:

Molesey Clinic Coffee			Series of
Club	-		films on
			health topics
Nutrition for			
Expectant Mothers	-	3 sessions.	
Nutrition for the			
over 60's	-	6 sessions.	
Cobham Toddlers' Clinic			
"Safety" and "Health"		2 sessions.	
Geriatric Clinics	-	Monthly talks	
		on various	
		topics.	

In addition to the above, health education is continuously carried on at the Clinics by the Health Visitors, and Mothercraft talks form a constant weekly feature.

Exhibitions:

- (i) The first - "Hygiene in the Home" - was mounted by the staff of the Health Department and was on view during July and August in various shops and clinics throughout the district.

It covered the following subjects:-

Good and Poor Personal Hygiene
 Correct and Incorrect Food Storage
 Correct and Incorrect Food Handling
 Food Hygiene Quiz Boards
 Sources of Infection
 Home Improvement

The exhibits were attractive and were viewed by about 1,200 people.

- (ii) The second - "Safer Homes" - was mounted in Esher Library and was opened by Councillor W. Kerr, Chairman of the Council, on Saturday, the 23rd September, 1967. It was later transferred to Molesey Library and subsequently to the local clinics. It is estimated that the exhibits were viewed by some 3,000 people including 11 school groups.

Anti-Smoking Campaign:

A Five-Day Smokers' Advisory Clinic was held at Molesey Clinic during the first week of March. The course was provided by the British Temperance Society. The leaders were Mr. K.H. Gammon, a Pastor of the Seventh Day Adventist Church, and Dr. L.G. White, a member of the same Church. The Clinic was attended by 79 people on the first evening, and an average of 69 on the succeeding four evenings. About 12 months later a questionnaire was sent to all who attended in order to try to assess the value of the Clinic. Thirty five replies were received and of these eight stated that they had given up smoking.

CERVICAL CYTOLOGY

The sessions at Molesey Clinic for taking cervical smears from well women continued throughout the year. Attendances were not very good and it was found necessary to send out up to 20 appointments in order to make up a worth while attendance of eight. Carcinoma of the cervix occurs most frequently in women in social classes III and IV, and unfortunately it is members of these classes who are the poorest attenders. Further appointments are given and the Health Visitors endeavour to convince these mothers of the value of the test.

During the year the demand for this service increased in other parts of the district and a second session was established at the Clinic in Long Ditton, and plans were made for another at Cobham to begin early in 1968.

Facilities for the expert examination of smears increased during the year. An excellent service was provided by Dr. S. Keys, Consultant Cytologist, St. Luke's Hospital, Guildford, for several months, and I was then asked to send all smears to Dr. O.A.N. Hussain, Consultant Cytologist, St. Stephen's Hospital, S.W.10., as Esher district is part of his catchment area. This arrangement works most efficiently.

The following figures relate to the work done at the Clinics in 1967:-

Number of Clinic sessions	-	41
Number of women who attended		328
Number of smears suspicious	-	1
Number of smears positive	-	1

SECTION 29

DOMESTIC HELP

The Council's scheme provides for "Domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or is a child not exceeding compulsory school age". The function of the Home Help is to carry out the normal domestic duties of the housewife.

The following is a summary of cases attended during the year:-

	Aged 65 or over on First Visit	<u>Aged under 65 on first visit</u>				Total
		Chronic Sick and Tuberculous	Mentally Disordered	Maternity	Others	
No. of Cases	169	30	1	60	83	343

An inadequate staff recruitment continued to be a hindering factor in maintaining a prompt and consistent allocation of Home Helps throughout the whole area. Although the rate of pay was increased to 5/6⁷gd. per hour, it is unfortunate that payment in private households and light industry is considerably more remunerative. The mini van and driver have enabled a more even distribution of staff to be

made in areas where public transport is either sparse or non-existent. In this way it has been possible to accept bookings for home confinements in all parts of the district. 23 Home Helps were employed by the end of the year. The majority of the staff have been employed as Home Helps over a period of years and have shown reliability and thoroughness in their work. There was a moderate number of staff resignations and these vacancies were filled during 1967. Although the number of persons receiving assistance increased during 1967, the Service was stretched, thereby reducing the number of hours already allocated, in order to meet the demand.

Neighbourly Help Scheme

In 1961 the Home Help Service was extended by the introduction of the Neighbourly Help Scheme. Under this scheme neighbours who are willing to assist old people living alone, or other suitable cases, by visiting them frequently during the day, carrying out such jobs as preparing meals, lighting fires, doing shopping, etc., can be given a weekly payment, which varies between 10s. and £3. 10s. 0d. according to the amount of time devoted. This scheme has been of very great assistance, and during the year provided help for 33 cases.

MENTAL HEALTH SERVICES

Under the Mental Health Act 1959 the importance of the care of the mentally ill, or mentally sub-normal, within the community, was stressed.

The needs of residents of this district are covered by a team of appropriately qualified officers, who are based at Ashley House, Epsom. The team consists of an Area Mental Welfare Officer and five Mental Welfare Officers. They cover an area which includes Banstead, Epsom, Leatherhead and Esher. Each is responsible for statutory duties concerned with the admission to hospital of mentally ill patients under the various sections of the Act and, in addition, they are also responsible for the after-care of persons within the community who have been mentally ill. Patients who have had treatment in hospital and who are discharged home, are notified to them. They visit and endeavour to develop a good relationship, provide any assistance and help with employment that they may need, and maintain supervision until such time as the patients can be considered completely cured. At the end of the year 107 patients in Esher were being visited at home.

The following table sets out the number of patients admitted to Brookwood Hospital in 1967

Mental Health Act, 1959	Male	Female	Total
Informal	2	1	3
Section 29	2	6	8
Section 25	-	6	6
Section 60	-	-	-
	4	13	17

Sub-normality and Severe sub-normality

Investigation and ascertainment of all cases of sub-normality is undertaken by one of the Specialist Medical Officers on the staff of the County Council. In addition, much help is obtained from hospitals which specialise in these conditions. These hospitals are also often most helpful in arranging short-term placements in cases of emergency or to allow relatives to take a holiday.

The Health Visitors supervise the welfare of sub-normal children up to compulsory school-leaving age. Adult sub-normals are visited by the Mental Welfare Officers.

Special Training Schools and Technical Training Centres

The purpose of these centres is to help those who are sub-normal to develop in mind and body to the utmost of their capacities. The object is not only to train the sub-normal so that he is readily acceptable within the community, but, in addition, to make him capable of carrying out useful tasks and, in fact, to earn a living. From a training centre a sub-normal may progress to a sheltered workshop or even to open industry.

At the 31st December 1967 there were 127 sub-normal children and adults under the care of this authority, and the following table refers:-

	Sub-normal		Severely Sub-normal		Totals	
	M.	F.	M.	F.	M.	F.
No. of patients under local health authority care at 31.12.67. ..	35	36	30	26	65	62
Attending day training centre .	7	4	16	7	23	11
Resident in residential training centre .	2	2	-	-	2	2
Receiving home training ..	-	-	1	-	1	-
Receiving home visits ..	17	19	13	7	30	26
Resident in Botleys Park ..	3	2	9	10	12	12
Resident in other homes ..	-	-	-	4	-	4

The Forum Club

This Club was established at The Forum Clinic Molesey, in 1966 with the object of helping those who have been mentally ill. Mrs. D. Brace is the voluntary leader, and an evening session is held each week. A programme of activities is decided upon by the members and about twenty attend regularly. By her tact and enthusiasm Mrs. Brace has made this into a most successful concern, which has helped many who have been ill to regain their former health and to join, once more, in the normal activities of society.

The staff of the Mental Health Department have co-operated well in helping to make a success of this project.

WELFARE SERVICES

The Council is responsible for the delegated welfare services (other than the provision of residential accommodation) for the following categories:-

- (a) Blind.
- (b) Deaf.
- (c) Physically Handicapped.
- (d) Aged.

(a) Blind and Partially Sighted Persons

Two-thirds of the time of a Social Welfare Officer for the Blind is spent helping registered blind and partially sighted persons of all ages to adjust themselves to their limited vision by offering services to help with education, rehabilitation, training and employment.

Registration is of a voluntary nature and every effort is made to ensure that the benefits of registration are known to all concerned.

A handicraft class, organised by the home visitor, meets fortnightly in Walton-on-Thames and several members live in Esher U.D.C. area. There is a need for a social club in the area, and, as clubs in Surrey are organised by voluntary committees, appeals are being made for volunteers to organise one on a monthly afternoon basis.

The Surrey Voluntary Association for the Blind supplements the blind welfare service by providing grants which cannot be met by the statutory authority. It also assists in the maintenance of wireless sets which are provided by the British Wireless for the Blind Fund.

Fees are paid by the Council to the National Library for the Blind in respect of 7 blind persons who are supplied with Braille and Moon type books.

11 applications were made to the Council to pay the rental on Talking Books. This is a comparatively new service available to those in receipt of a supplementary allowance from the Ministry of Social Security.

The following tables show the number of persons in the district who are registered as blind or partially sighted, together with their age distribution:

	Blind		Partially Sighted	
	M.	F.	M.	F.
No. on register at 31.12.67. ..	35	63	5	16
No. added to register	8	14	1	2
No. removed from register ..	11	16	1	5
No. of visits made .	559			

Age Group	New Cases Registered				Total Registered			
	Blind		Partially Sighted		Blind		Partially Sighted	
	M.	F.	M.	F.	M.	F.	M.	F.
1 - 4	-	-	-	-	1	-	-	1
5 - 15	-	-	-	-	-	-	2	-
16 - 49	-	-	1	-	8	3	2	11
50 - 64	-	2	-	2	9	1	3	10
65 - 84	5	10	-	-	12	1	9	13
85+	3	2	-	-	5	-	-	5
	9		16		40		79	

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(b) The Deaf and/or Dumb and the
Partially Hearing

The Council provides the services of a part-time Social Welfare Worker to assist residents who come into this category.

The Royal Association in Aid of the Deaf and Dumb provides for the spiritual needs of the totally deaf; the Middlesex and Surrey League for the Hard of Hearing are agents for the County Council, and provide social clubs for the hard of hearing.

The Social Worker maintains a Register of Deaf and Dumb persons, visits them in their homes, gives assistance regarding employment and family problems, and acts as interpreter in hospitals, courts, etc. She also attends a club for the youthful deaf and dumb in Surbiton and a Darby and Joan Club in the same district. The members make their own arrangements for transport.

In addition, she assists the hard of hearing with problems in respect of their hearing aids.

On the 31st December, 1967, the register contained the names of 15 deaf and dumb residents (9 men and 6 women). In addition, there are 4 children attending special schools. The Social Worker visits during the school holidays, gets to know the children and parents, and gives advice regarding future employment.

(c) The Physically Handicapped

The Social Workers have been successful in obtaining funds from various organisations for expenses not covered by the statutory services. These included provision of a private daily nurse, installation of a telephone with emergency call system for a chair-bound housewife alone all day, a grant to cover extra nourishment and fuel, and money to settle outstanding bills where the breadwinner had lost his livelihood.

An important aspect of the work is the support of relatives and others who care for the disabled in their own homes under conditions of abnormal strain and tension, and we should not lose sight of the fact that domiciliary care relieves the pressure on hospital beds.

Register of the Handicapped 1967

Number on Register as at 31.12.1967	..	258
Number added to Register	..	83
Number removed from Register	..	51
Number of visits to Patients	..	891
Number of aids supplied	..	291
Number of patients supplied with aids	.	106

Reasons for removal from Register

Died	..	29
Moved away	..	10
No Trace	..	3
Recovered	..	2
Admitted to homes	..	2
Transferred to Blind Register	..	3
Transferred to Mental Health	..	1
Transferred to Geriatric Register	..	1

VOLUNTARY SERVICES

Meals on Wheels

The W.R.V.S. provide this service to cover the needs of elderly and disabled residents living in the northern part of the district. Hot meals are delivered on Mondays, Wednesdays and Fridays, and the standard charge of 1s. 9d. can be reduced or waived in special cases. During the year 11,704 meals were prepared in the kitchen provided by the Old People's Welfare Council, and were delivered to those in receipt of the service.

This is a service which does an immense amount to preserve the health and well-being of those who are frail or infirm, and the volunteers who work tirelessly throughout the year deserve great credit.

The British Red Cross Society provide a smaller service for the residents of Cobham, Stoke D'Abernon and Oxshott. During the year 663 meals were prepared and transported to the homes of the recipients.

In addition, 475 meals were prepared by the Housemothers at two of the Housemother Schemes, and provided for the residents at the standard charge.

These services are subsidised by the Esher Old People's Welfare Council.

Clubs

Numerous clubs are provided throughout the district by local voluntary organisations. They are chiefly for those who are "mobile" and able to attend without assistance, but, in addition, many of them make arrangements so that those who are unable to make the journey through infirmity or other handicap can be transported to and from the club.

The British Red Cross Society organise a Club for the Physically Handicapped which is held in King George's Hall, Esher, every month. A high proportion of those who attend are transported. The Club provides an excellent opportunity for members to make friends and to take part in various activities and occupations.

The Council's Social Workers for the Physically Handicapped find that, through this Club, they are able to maintain contact with many of those who are on the register.

Home Visiting Service

This operates throughout the district with the encouragement of the Old People's Welfare Council. The scheme is entirely voluntary and comprises an organiser in each locality and a group of visitors.

Visitors alleviate the loneliness of those who live alone, and inform them of facilities available. They are in a position to call upon the statutory services when they appear to be required, and for medical aid in case of need.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Under this Act the Council is responsible for the registration and supervision of day nurseries and of persons who, for reward, receive children into their homes to look after them.

At the end of the year the following numbers of premises and persons were registered:-

	No. Registered	No. of Children Provided For
Premises	15	443
Child Minders	18	131

The nurseries and the child minders are inspected, both by Assistant Medical Officers and by Health Visitors, at regular periods throughout the year. Such inspections have shown that a most satisfactory standard has been maintained in each case.

In the majority of cases children are received during mornings only, and mid-day meals are not served. In a few cases child minders will care for the children throughout the day, which can be of great benefit to the mother who must work, or where there is illness in the home.

There is no official Day Nursery accommodation in the Urban District, and those provided in neighbouring areas are generally too far away to be of value. However, the Council's policy of paying the fees of private nurseries or child minders in special cases of need, provides a partial solution to this problem. The matter of paying or subsidising such fees is based on the County Council's policy as regards admission to its own Day Nurseries.

PART III

THE SCHOOL HEALTH SERVICES

SCHOOL HEALTH SERVICE

MEDICAL, DENTAL AND HEALTH VISITING STAFF
AS AT 31.12.67

School Medical Officer

Eric Pereira, M.B., B.S., D.P.H.

Assistant School Medical Officers

A. R. Park, M.B., B.Ch., B.A.O., D.P.H.

E. V. Fraser, M.B., B.S.

D. M. Ducker, M.B., B.S.

(Sessionally employed)

Medical Director, Child Guidance Clinic

S. F. Lindsay, M.B., Ch.B., D.P.M.

County Audiologist

E. A. Beet, M.R.C.S., L.R.C.P.

Ophthalmic Surgeon

J. Fischer, M.D., D.O.M.S.(Eng.)

School Dental Surgeon

Mrs. A. W. Clement, L.D.S., R.S.P.S.

District Nursing Officer

Miss J. M. Cole, S.R.N., S.C.M., H.V.

Health Visitors

Mrs. M. Arthur (Part-time)

Miss P. Bates

Miss G. M. Davies

Miss J. Dicks

Miss J. Dunstone

Mrs. J. Fackrell (Part-time)

Miss B. Heathcote

Mrs. Y. Lwin

Mrs. P. Riley

Mrs. B. Wakeford

Physiotherapist

Mrs. B. Lee (Sessionally employed)

Speech Therapists

Miss E. Barton (Part-time)

Mrs. A. Northam (Part-time)

Audiometrician

Mr. A. R. Weatherstone

School Nurse (S.R.N.)

Mrs. P. Malpas (Part-time)

1. POPULATION AND SCHOOLS

(a) Maintained Schools

The maintained school population of the area at the end of 1967 was as follows:-

Primary	..	4,250
Secondary	..	2,816
Total		7,066

The number of Primary and Secondary Departments in the area on the 31st December 1967 was:-

Primary	..	20
Secondary	..	5
Total		25

(b) Independent Schools

Independent schools may make application for school medical and dental inspection to be made available to their pupils. In the Esher district four such schools (St. Joseph's Convent, Emberhurst School, Milbourne Lodge Senior School and Grantchester House) have so far made such applications.

2. MEDICAL INSPECTION

(a) Routine Medical Inspection

The systematic Routine Medical Inspection by age groups is undertaken in the area as follows:-

Primary	(	(i) On entry	)	Complete
	(	(ii) During year in	)	Medical
	(	which age 8 is	)	Examina-
	(	reached	)	tion
Secondary	(	(iii) On entry	)	Ditto
	(	(iv) During year in	)	
	(	which age 13 is	)	
	(	reached (if more	)	Eye Test
	(	than a year from	)	only
	(	last routine	)	
	(	inspection)	)	
	(	(v) During year in	)	Complete
	(	which age 15 is	)	Medical
	(	reached	)	Examination

Children are also inspected at any time at the request of the parent or head teacher.

2,869 children were examined at Routine Medical Examinations during the period: Parents were present for 1,487 of these examinations.

(b) Special and Re-examinations

Children who may be potential handicapped pupils, either physically or mentally, are supervised and followed up as often as necessary and a handicapped register is kept to make sure regular assessments are made and the child channelled to suitable employment when

the time comes. Children who are receiving treatment or recommended for treatment are reinspected as a routine.

(c) General Physical Condition

The general physical condition of a pupil examined at a Routine Medical Inspection is determined by the personal assessment by the School Doctor.

Of the 2,869 pupils inspected at Routine Medical Inspections, only 1 child was found to be in an unsatisfactory general physical condition.

(d) Cleanliness

During 1967 Health Visitors visited schools in the area for the purpose of cleanliness inspections. 3,813 pupils were examined and 16 were found to be infested.

(e) Infectious Diseases

426 cases of infectious disease occurred amongst school children. These are set out in the appropriate table. This figure mainly comprises of children suffering from mumps, measles and chicken pox.

3. DEFECTS FOUND AT ROUTINE MEDICAL INSPECTIONS

The following table shows the percentage of defects found at Routine Medical Inspections during 1967:-

Number of pupils examined	..	2,869
Number of pupils found with defects for treatment	..	305
Percentage of pupils in need of treatment	..	10.6 pe
Number of defects requiring observation	..	1,280
Number of defects requiring treatment	..	405

4. TREATMENT OF DISEASE AND DEFECTS

(a) Attendance at School Clinics

General Medical Clinics are provided at which a school child can consult a doctor regarding any disability. Minor ailments are treated at such clinics, but if anything is found which is more serious the child is referred to his own general practitioner or to a specialist with the general practitioner's consent.

These clinics are also used for following up defects found at routine medical inspection or for continuing investigation of such defects.

Medical examinations of adults for employment and for admission to teacher training colleges are also undertaken.

For details of attendances at School Clinics see Table III E.

(b) Ophthalmic Clinics

The Molesey, Esher and Cobham Clinics are both equipped to enable an ophthalmic surgeon to undertake the examination of the eyes of pupils who appear to have defective vision. The work of the Eye Clinics is set out in Table F.

All school leavers have a routine colour vision test and if any defect is found the child is referred for the appropriate trade testing if indicated.

In addition it is possible to obtain an opinion at the various Medical Eye Centres in the district.

(c) Remedial Exercises

At the medical inspection some children are always found to be suffering from minor orthopaedic defects, such as flat feet, knock knees, faulty posture, flattened chest, etc. If these conditions are noted early enough much can be done to improve them, and by teaching breathing exercises children suffering from asthma can be considerably helped.

Remedial Exercise Clinics are provided at Cobham, Esher, Long Ditton and Molesey, and are in the charge of a qualified physiotherapist. For details of attendance see Table III G.

(d) Routine Audiometry and Hearing Defect Clinics

The routine testing of hearing of school children age 6-7 years is carried out separately by the Council's Audiometrician as part of the routine medical inspection.

Each child is tested individually and an audiogram constructed for those with significant hearing loss. Children failing the tests are followed up and examined by an Assistant Medical Officer. Where necessary they are referred for the opinion of the Special Audiology Clinic or to the hospital services after consultation with the general practitioner concerned.

See Table III H and I.

5. SPECIAL FORMS OF TREATMENT

(a) Child Guidance

In 1967 64 school children resident in the Esher Urban District area were referred to the Hersham Child Guidance Clinic. The cases referred were made up as follows:-

Court	..	3
School Health Service		24
Hospitals	..	2
Private Practitioners		14
Child Guidance Clinics		1
Direct Non-Medical		20

59 children were seen and the following diagnoses made:-

Nervous Disorder	..	9
Behaviour	..	27
Habit Disorder	..	7
Psychosomatic	..	1
Organic	..	-
Educational	..	15

3 were withdrawn from the waiting list (2 improved and 1 non-co-operative).

7 were still outstanding at the end of the year.

From the 59 children seen, 28 received regular treatment during the year, 2 were recommended for special schooling for the maladjusted, 26 cases were closed (6 other arrangements made, 8 treatment completed, 12 consultation and advice only), and 3 were being kept under observation.

(b) Speech Therapy

This work is undertaken by Speech Therapists at the Clinics at Molesey, Long Ditton, Esher and Cobham. It is of great importance that defects of speech should be discovered and treated with as little delay as possible. Treatment is often prolonged and only six or seven children can be provided for in one session.

During the year 97 cases were under treatment at the various Clinics.

(c) Special Audiology and Hearing Defect Therapy Clinics

In addition to the routine screening for hearing defects at infancy and the routine audiometry of school children at 6-7 years, the County Council have a Specialist Audiologist to supervise and co-ordinate the medical services for children with hearing and speech defects.

Dr. Beynon, the assistant to Dr. Beet, the County Audiologist, conducts special clinics at which the peripatetic Teacher for the Deaf attends and to which all children with any hearing defect are referred. These are held at Molesey and Esher Clinics every other month, and during the year 50 children were referred.

Found to have normal hearing	51
Found to have impaired hearing needing a hearing aid ..	-
Found to have impaired hearing but not needing a hearing aid	2
Those remaining under supervision not fully assessed at the end of the year ..	10

(d) Convalescent Treatment

The Council's scheme provides for free convalescent home treatment for any pupil attending a school or educational establishment maintained by the Education Authority, or attending an independent school for which school health service facilities have been made available. Pupils may be recommended for such treatment by School Medical Officers up to a period of four weeks.

During the year 1967 eight pupils received convalescent treatment under this scheme.

6. DEATHS OF SCHOOL CHILDREN

During the year the death of one school child was reported. This was a boy of 5 years old who died of lymphosarcoma of the bowel.

7. DENTAL INSPECTION AND TREATMENT

The following table shows the number of children who were examined by the Dental Surgeons at Routine and Special Inspections, and the number referred for treatment during the year.

Number inspected	..	7,158
Number found to require treatment	..	4,044
Number treated	..	2,896

Repeated dental inspections reveal that a large number of children who do not have treatment through the School Dental Service attend private Dentists.

8. EMPLOYMENT OF CHILDREN

113 children aged 13 or over were examined by School Medical Officers during the period to ascertain their fitness to undertake part-time employment. All were fit for employment.

Three children were examined during the year to enable them to take part in entertainment, and were found to be fit.

9. IMMUNISATION

As a result of the Council's immunisation scheme the great majority of children enter school at age 5 adequately protected against diphtheria, whooping cough, tetanus and poliomyelitis.

A recent survey of 234 school entrants provided the following information:-

Immunised against:

Diphtheria, Whooping Cough and Tetanus	..	230
Poliomyelitis	..	230
Smallpox	..	204

At routine medical inspections the state of each child's immunity is checked and provision is made for any booster doses that may be required.

B.C.G. vaccination against tuberculosis is offered to children who are in their 12th year. A very full programme was carried out in 1967, all positive reactors are referred to Kingston Chest Clinic for an x-ray and practitioners are kept informed of the results.

Number given a Mantoux test	575
Number Mantoux positive and referred to Chest Physician	77
Number given B.C.G. ..	489

10. FOOT HYGIENE

During November and December arrangements were made for the County Chiropodist to attend four secondary schools in the district at times when an Assistant Medical Officer was carrying out routine medical inspections in the older age group.

At these inspections the County Chiropodist was able to make a careful examination of the feet and footwear of 263 children, and he reported as follows:-

"I found the standard of foot hygiene to be good, only 14 cases of poor hygiene being noted (10 boys and 4 girls). 105 children had no foot defects at all.

Footwear: The majority of examinees were wearing reasonably well fitting footwear (173 out of the total of 263 - boys 93 and girls 80), although most were wearing the casual type instead of the preferable lace type of boot or shoe.

Skin Conditions

Fungoid Infestation: I found a total of 19 suspected cases of fungoid infestation of the skin, (16 boys and 3 girls), all being of a very mild nature. Fungoid nail conditions were noted in one boy and one girl.

Other skin conditions: 16 boys and 27 girls had corns of one sort or another. 4 boys and 5 girls were found to have verrucae, most of whom were receiving treatment at the time of the examination.

Nail Conditions: Minor nail disorders (in addition to those mentioned in the paragraph concerned with fungoid infestation) were found in 11 boys and 8 girls.

Orthopaedic Conditions

Genu Valgum: 1 boy only.

Genu Varum: 21 girls.

Pes Cavus: 9 boys (5 mild), and 4 girls (2 mild).

Depressed Anterior Metatarsal Arches: 6 boys (one with occasional pain), and 3 girls.

Clawing of Digits: 3 boys and 13 girls (one girl wearing pointed-toed shoes and another had been ballet dancing since four years of age and was wearing pointed-toed shoes). 1 boy and 1 girl had early hammer-toes.

Hallux Valgus: 3 boys were found to have hallux valgus and another 17 were found to have hallux valgus incipidus. (In 6 of the 20 cases, the boys were wearing pointed-toed footwear).

11 girls were found to have hallux valgus and another 10 were found to have hallux valgus incipidus. (In 8 of the 21 cases, the condition was associated with ill-fitting footwear and in one case, was associated with ballet dancing).

2 girls were found to have exostoses on both first metatarso-phalangeal joints.

Hallux Rigidus: One boy and 2 girls had a limited range of movement of the joint.

Incipient Pes Planus: One boy and 3 girls were found to have marked symptoms of this condition.

Other conditions: One girl had a dorsal subluxation of the right 5th metatarso-phalangeal joint.

One girl (aged 14 years) had had an arthrodesis of the right 3rd and 4th distal inter-phalangeal joint carried out about 3 years prior to the examination.

Children were referred to the School Medical Officer (who was present at the time of the examinations) in cases where this was considered necessary.

Apart from the 14 children with hallux valgus, I consider the examinations reveal a reasonably high standard of foot health."

11. HYGIENE OF SCHOOL BUILDINGS

The older schools in the district have been inspected and attention has been paid to the following matters.

Heating, lighting, ventilation, congestion, and special disabilities such as draughts, condensation, dampness and noise. The suitability or otherwise of drinking water cups, and some drinking water fountains, the adequacy of cloakroom and washing facilities, together with the condition and accessibility of sanitary accommodation. Consideration was given to school milk delivery points, drainage, refuse storage, and access for delivery vehicles coupled with car parking and the safety of pupils.

Recommendations have been made and have resulted in alterations at various school premises. In addition a new sanitary block was installed at St. Mary's Church of England Junior School, Long Ditton. The building of the new Esher Church of England Primary School was commenced in the year under review, and completion is expected in June 1968.

12. HANDICAPPED PUPILS

A very important part of the work of the School Health Service is the early ascertainment of the children who have physical or mental defects.

The general policy is that wherever possible a child shall be educated in an ordinary school. When the handicap is such that special education is considered essential, the case must be very carefully assessed with assistance from experts in each particular field.

Where special education in a day school is considered suitable, the case is referred to the District Education Officer, who makes the necessary arrangements, including the provision of transport.

Admission to residential special schools is arranged by the Chief Education Officer at County Hall.

Table V shows that there were 168 children on the Handicapped Pupils' Register at 31st December 1967.

The names and addresses of physically handicapped children are passed to the appropriate Social Worker so that she can get to know them and give some thought to their future lives. At about age 13 the intention is that she shall maintain close contact and ensure that these children are guided into the most suitable occupation, with or without special training.

13. PROMOTION OF HEALTH

Health Education in Schools

Reference is made to Health Education in Part II of the Report. From this it will be seen that quite considerable programmes of health education were undertaken at certain of the schools. Children of secondary school age are clearly excellent subjects for health education in all its aspects, and it is hoped that gradually time will be found for its inclusion in the curriculum of each secondary school.

TABLE I

A. ROUTINE MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected Satisfactory
1963 and later	16	16
1962	578	578
1961	193	193
1960	89	89
1959	529	529
1958	254	254
1957	49	49
1956	27	27
1955	369	368
1954	170	170
1953	371	371
1952 and earlier	224	224
Total	2,869	2,868

B. SPECIAL INSPECTIONS

No. of Special Inspections	..	16
No. of Re-inspections	..	158
Total	.. ..	174

C. INFESTATION

No. of children examined	.. ..	3,813
No. of individual pupils found to be infested	.. .. .	16
No. of individual pupils in respect of whom cleansing notices were issued		NIL
No. of individual pupils in respect of whom cleansing orders were issued		NIL

D. CASES OF INFECTIOUS DISEASES NOTIFIED

Disease			Age		
			5-9	10-14	15+
Dysentery	..	..	2	-	-
Food Poisoning		..	1	-	-
Measles	..	..	228	6	3
Tuberculosis					
Respiratory		..	-	-	2
Other	..	..	-	1	-
Whooping Cough		..	8	-	-
Total	..	..	239	7	5

DEFECTS FOUND IN SCHOOLCHILDREN

TABLE II

A. DEFECTS FOUND AT MEDICAL INSPECTIONS

Defect or Disease	No. of Defects	
	Requiring Treatment	Requiring to be kept under observation but not needing treatment
Skin	22	47
Eyes -		
(a) Vision ..	192	269
(b) Squint ..	23	42
(c) Other ..	12	55
Ears -		
(a) Hearing ..	8	38
(b) Otitis Media	1	22
(c) Other ..	2	20
Nose or Throat ..	24	202
Speech	6	79
Lymphatic Glands	2	33
Heart and Circulation	1	34
Lungs	11	39
Developmental -		
(a) Hernia ..	1	8
(b) Other ..	2	16
Orthopaedic -		
(a) Posture ..	19	111
(b) Feet ..	39	78
(c) Other ..	5	64
Nervous System -		
(a) Epilepsy ..	-	3
(b) Other ..	5	9

continued ..

Defect or Disease	No. of Defects	
	Requiring Treatment	Requiring to be kept under observation but not needing treatment
Psychological -		
(a) Development ..	5	14
(b) Stability ..	12	61
Abdomen	3	12
Other	10	24
Total ..	405	1,280

Note.- These figures also include a small number of Special Inspections.

B. PUPILS FOUND TO REQUIRE TREATMENT

Age Groups Inspected (by year of birth)	For Defective Vision (excluding squint)	For any of the other conditions recorded in Table II	Total Individual Pupils
1963 and later	-	2	2
1962	6	37	42
1961	10	13	22
1960	2	4	5
1959	36	15	50
1958	17	1	18
1957	13	-	13
1956	2	-	2
1955	20	7	27
1954	21	9	30
1953	30	19	49
1952 and earlier	35	10	45
Total	192	117	305

TREATMENT OF DISEASES AND DEFECTSTABLE III

A. DISEASES OF THE SKIN

		No. of cases known to have been treated during the year
Ringworm -		
(a) Scalp	..	-
(b) Body	..	-
Scabies	..	2
Impetigo	..	-
Warts	..	51
Other skin diseases		2
Total	..	55

B. EYE DISEASES, DEFECTIVE VISION
AND SQUINT

		No. of cases known to have been dealt with
External and other, excluding errors of re- fraction and squint		2
Errors of refraction (including squint)		138
Total	..	140

Number of pupils for whom spectacles were prescribed	..	118
--	----	-----

C. DEFECTIVE HEARING

Total number of pupils in school who
are known to have been provided
with hearing aids --

(a) In 1967	..	..	..	--
(b) In previous years	..	..	..	8

D. OTHER TREATMENT GIVEN

(This includes hospital cases)

			No. of cases known to have been dealt with
(a) Pupils with minor ailments	..	..	36
(b) Pupils who received convalescent treatment under School Health Service arrangements	.	..	8
(c) Other than (a) and (b) above--			
1. Heart	..	..	--
2. Lungs	..	..	2
3. Nervous system	..	..	6
4. Lymphatic glands	.	.	--
5. Developmental	..	..	--
6. Abdomen	..	..	1
7. Psychological	..	..	--
8. Other	..	..	1
Total (a) and (c)	..	..	46

E. ATTENDANCES AT SCHOOL MEDICAL CLINICS

Defect					No. of Attendances
Skin	..	..	..	..	6
Eyes	..	..	..	..	30
Ears	..	..	..	..	60
Nose and Throat	.	..	..	..	20
Speech	..	..	..	..	11
Lymphatic Glands		..	..	..	1
Heart	..	..	..	..	-
Lungs	..	..	..	..	4
Developmental	..	..	..	..	7
Orthopaedic	..	..	..	..	44
Nervous System	..	..	..	..	3
Psychological	..	..	..	..	42
Abdomen	..	..	..	..	23
Other	..	..	..	..	10
Total					261

No. of school children examined for part-time employment	..	113
No. of children examined for entertainment licences	..	3
No. of adults medically examined		83

F. ATTENDANCES AT EYE CLINICS

The table below gives details of work carried out at the Molesey, Esher and Cobham Eye Clinics during the period:-

*No. of attendances	.. ..	728
No. of individual patients examined		488

TREATMENT

Errors of refraction (including squint)	.. ..	138
Glasses prescribed	.. ..	118

* This includes school children, pre-school and specials.

G. REMEDIAL EXERCISES

Centres - Cobham, Esher, Long Ditton and Molesey

No. of Sessions	.. ..	85
No. Treated	.. ..	52
No. of attendances	.. ..	268
No. of new cases admitted	.. ..	32
No. discharged	.. ..	21

In addition 5 school children were treated in hospital out-patient departments for orthopaedic defects.

H. AUDIOMETRY - HEARING TESTS

The following table gives details of the number of children tested and the results of investigation of children who failed the test during 1967.

	Routine Examinations	Retests and Specials	Total
* (1) No. of children tested ..	885	133	1,018
(2) No. of children who failed test	7	13	22
(3) Result of investigation by School Medical Officers -			
(a) No significant hearing loss	4	-	4
(b) No significant hearing loss, but child appears mentally retarded	-	-	-
Deafness due to -			
(c) Catarrhal condition (with or without inflammation of ear)	1	8	9
(d) Old otitis media	2	4	6
(e) Injury	-	-	-
(f) Other causes	1	8	9
(g) Undetermined cause	-	3	3
(h) Untraced or left district ..	-	1	1
(i) Already supplied with hearing aids	-	-	-
(j) Investigations remaining to be carried out	1	6	7
	9	30	39
(4) Recommendations -			
(a) No action required	-	1	1
(b) For observation only	-	-	-
(c) Referred to Audiology Clinic	1	1	2
(d) Referred to General Practitioner	-	2	2
(e) Referred to E.N.T. Consultant	2	5	7
(f) Special position in class ..	2	1	3
(g) Hearing aid and supervision by teacher of deaf	-	-	-
	5	10	15

* This figure is higher than normal as some schools were not completed in previous year.

I. AUDIOLOGY - HEARING DEFECTS

Ages	New Cases referred to Audiology Clinic	Not fully assessed by end of previous year	Found to have normal hearing	Found to have remediable hearing loss	Found to have impaired hearing needing hearing aid	Found to have impaired hearing but not requiring hearing aid	Not fully assessed by end of year	Total Examinations at Audiology Clinic during the year
0-2	11	8	18	1	-	-	-	19
2-5	23	5	17	2	-	8	8	26
5-7	9	-	7	-	-	1	1	9
7-11	6	3	8	-	-	1	1	9
11+	1	1	1	1	-	-	-	2
Total	50	17	51	4	-	10	10	65

DENTAL INSPECTION AND TREATMENTTABLE IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT DURING 1967

1. Attendances and Treatment -

First Visit	..	..	..	..	..	..	1,024
Subsequent Visits	..	..	..	..	..	..	1,985
Total Visits	..	..	..	..	..	..	3,009
Additional courses of treatment commenced	..	..	..	..	..	..	193
Fillings in permanent teeth	..	..	..	..	..	..	1,673
Fillings in deciduous teeth	..	..	..	..	..	..	1,249
Permanent teeth filled	..	..	..	..	..	..	1,280
Deciduous teeth filled	..	..	..	..	..	..	1,081
Permanent teeth extracted	..	..	..	..	..	..	130
Deciduous teeth extracted	..	..	..	..	..	..	431
General anaesthetics	..	..	..	..	..	..	79
Emergencies	..	..	..	..	..	..	5
Number of pupils x-rayed	..	..	..	..	..	..	191
Prophylaxis	..	..	..	..	..	..	508
Teeth otherwise conserved	..	..	..	..	..	..	68
Number of teeth root filled	..	..	..	..	..	..	-
Inlays	..	..	..	..	..	..	3
Crowns	..	..	..	..	..	..	11
Courses of treatment completed	..	..	..	..	..	..	657

2. Orthodontics -

Cases remaining from previous year	..	..	..	..	44
New cases commenced during year	..	..	..	..	36
Cases completed during year	..	..	..	..	29
Cases discontinued during year	..	..	..	..	9
No. of removable appliances fitted	..	..	..	..	45
No. of fixed appliances fitted	..	..	..	..	3
Pupils referred to Hospital Consultant	..	..	..	..	1

3. Prosthetics -

Pupils supplied with F.U. or F.L. (first time)	..	..	1
Pupils supplied with other dentures (first time)	..	..	11
Number of dentures supplied	..	..	15

4. Anaesthetics -

General Anaesthetics administered by Dental Officers	..	6
--	----	---

5. Inspections -

(a) First inspection at school. Number of pupils	..	..	6,204
(b) First inspection at clinic. Number of pupils	..	..	954
Number of (a) plus (b) found to require treatment	..	..	4,044
Number of (a) plus (b) offered treatment	..	..	2,896
(c) Pupils re-inspected at school clinic	..	..	203
Number of (c) found to require treatment	..	..	191

6. Sessions -

Sessions devoted to treatment	..	..	..	..	348
Sessions devoted to inspection	..	..	..	..	48
Sessions devoted to Dental Health Education	..	..	..	..	8

HANDICAPPED PUPILS

TABLE V

PARTICULARS OF HANDICAPPED PUPILS AT 31st DECEMBER, 1967

Category	Total Handi- capped Pupils	DISPOSAL												
		Recommended Special School or Hostel					Recom- mended special education in Ordinary School	Home Tuition	Tuition in Hospital or Special Units	Under Review				
		In Special School or Hostel	Parents refuse Consent	On Waiting List	In Ordinary School	At home or in Hospital or in Private School								
		B	G	B	G	B	G	B	G	B	G	B	G	
Blind	1	-	-	-	-	-	-	-	-	-	-	-	1	-
Partially Sighted ..	1	1	2	-	-	-	-	-	-	-	-	-	-	1
Deaf	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Partially Deaf	8	4	-	-	-	1	3	1	-	-	-	-	-	1
Educationally sub-normal	62	41	22	1	-	4	6	4	2	-	5	7	3	-
Epileptic	2	2	1	-	-	-	-	-	-	-	-	-	-	-
Maladjusted	15	8	5	-	-	-	5	-	-	-	-	-	2	-
Physically Handicapped ..	15	9	3	-	-	-	3	5	1	-	1	1	1	-
Delicate	3	2	1	-	-	-	1	-	-	-	-	-	-	-
Speech Defect	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	107	67	35	1	-	5	18	10	3	-	6	8	3	4
														2

